

## MARGIN RESERVED FOR BINDING

F. S. No. 1

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CONDITION should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County BaltimoreVillage or City Hatch Cliff (No. ....)2 FULL NAME Sister Mary Philippa Ackermann

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

July 2, 1849  
(Month) (Day) (Year)

7 AGE

81 yrs. 9 mos. 25 ds. or min?

If LESS than  
1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work..... Teacher  
 (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE  
(State or country)

Germany

10 NAME OF FATHER

Caspar Ackermann

11 BIRTHPLACE OF FATHER  
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Anna W. Strobel

13 BIRTHPLACE OF MOTHER  
(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

S. Mary Clas

(Address)

Hatch Cliff Rd

15 Filed

Apr. 29 1931 J. H. Ensruck  
Registrar

04267

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 40

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 27, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Feb. 26, 1926 to April 27, 1931.

that I last saw her alive on April 15, 1931,

and that death occurred on the date stated above, at 10.45 P.M.

The CAUSE OF DEATH \* was as follows:

Intestinal Carcinoma

(Duration) 2 yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) John Green Jr. M. D.

192 (Address)

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Hatch Cliff Rd April 30 1931

20 UNDERTAKER

Frank A. Fink 915 W. Gay St

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The industrial worker on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Labourer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Nanny*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (or retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); "*Typhoid fever*" (never report "Typhoid Pneumonia"); "*Scar pneumonia*"; *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of use of "Tumor" for malignant neoplasms; *Measles*, *Whooping cough*, *Chronic valvular heart disease*, *Chronic intestinal nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train*—*accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanctasis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A file data is essential and must be obtained before the certificate is permanently filed.

MAY 16 1931

BUREAU V.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH

County Baltimore

04268

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

Village or City Catonsville (No. 613 Orpington Road)

(131)

2 FULL NAME Edward R. Anderson,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH

October 31 1868  
(Month) (Day) (Year)

7 AGE

62 yrs. 5 mos. 6 ds. or min.

If LESS than  
1 day.... hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work None  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Jessups Md.

10 NAME OF FATHER

Richard N. Anderson,

11 BIRTHPLACE OF FATHER

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

Susan A. W. Redmiles,

13 BIRTHPLACE OF MOTHER

(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Annie E. Waterman,

(Address) 613 Orpington Road

15 Filed

4/2 1931

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

APR 6 1931

1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 1 to April 6, 1931, that I last saw him alive on April 6, 1931, and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

Obesity, Hypertension  
Dysrhythmia  
Hypertension

(Duration) 3 yrs. 3 mos. 3 ds.  
Contributory Secondary

(Duration) yrs. 1 mos. 1 ds.  
(Signed) Annie E. Waterman M.D.  
Address 711 West Avenue

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Loudon Park

20 UNDERTAKER

Geo W Little

DATE OF BURIAL  
APR 8 1931

ADDRESS  
2709 EDMONDSON AVENUE

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may bestate under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

V. S. No.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County BaltimoreSTATE OF MARYLAND  
CERTIFICATE OF DEATHVillage or City Mount WilsonMount Wilson Branch Maryland Registration Dist. No. 32  
(No.) Tuberculosis Sanatorium St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Mary Anderson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

August 3, 1870  
(Month) (Day) (Year)

7 AGE

60 yrs. 8 mos. 24 days. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)Seamstress

9 BIRTHPLACE

(State or country)

Virginia

10 NAME OF FATHER

Barney Anderson

11 BIRTHPLACE OF FATHER

(State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Martha Barnes

13 BIRTHPLACE OF MOTHER

(State or Country)

Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Louis Schuerholz

(Address)

Mount Wilson, Md.

15 Filed

Mo 281921

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 27, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept. 15, 1920 to April 27, 1931, that I last saw her alive on April 27, 1931, and that death occurred on the date stated above, et 5:25 P.m. The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis

Contributory Secondary Pneumonia and  
 Pneumocystitis  
 Duration 0 yrs. 11 mos. 2 days.  
 Duration 0 yrs. 3 mos. 2 days.

(Signed) John A. Smith M. D.  
 (Address) Mount Wilson, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place 0 yrs. 8 mos. 12 days. In the State 45 yrs. 2 mos. 2 days.

Where was disease contracted, if not at place of death? UnknownFormer or usual residence 4678 Park Heights Ave, Balt., Md.19 PLACE OF BURIAL OR REMOVAL Baltimore DATE OF BURIAL April 29, 193120 UNDERTAKER C. Vernon LennimonADDRESS 4611 Park Heights

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

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MAY 7 1931

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL ANANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Baltimore Co

Village or City Longreen (No.)

2 FULL NAME Mary Lee Barker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	6
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>single</u>

(Write the word)

## 6 DATE OF BIRTH

June 6, 1930  
 (Month) (Day) (Year)

## 7 AGE

yrs. 10 mos. 11 ds. or min?

If LESS than  
1 day hrs.

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Ind.

## 10 NAME OF FATHER

Sam Barker

11 BIRTHPLACE OF FATHER  
(State or country)

H. C.

## 12 MAIDEN NAME OF MOTHER

Eunice Yates

13 BIRTHPLACE OF MOTHER  
(State or country)

H. C.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(informant) Glenn Barker

(Address) Longreen Md.

15 Filed Apr. 17 1931 J. H. L.  
 Registrar

STATE OF MARYLAND  
 CERTIFICATE OF DEATH

Registration Dist. No. 40

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 17, 1931  
 (Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

April 13 1931 to April 17, 1931  
 that I last saw her alive on April 17, 1931

and that death occurred on the date stated above, at 6:22 m.

## The CAUSE OF DEATH \* was as follows:

Bronch Pneumonia

Scarlet Fever

(Duration) yrs. mos. 0 ds.

## Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) A. Lawrence Johnson M. D.

April 17, 1931 (Address) Kingsville Md.

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Welch Cem. N. C. April 20, 1931

## 20 UNDERTAKER

Clarence E. Arthur ADDRESS Forte Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*Retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Irritation," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tectorius*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County.....

Baltimore

04272

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 142

Village or City.....

Halethorpe Rd.

Sulphur Spring Rd.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Joseph Barkworth

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

September 22, 1864

(Month)

(Day)

(Year)

7 AGE

66 yrs. 6 mos. 13 ds. or min?

If LESS than

1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work..... Retired Painter

(b) General nature of industry business, or establishment in which employed or (employer)..... ✓

## 9 BIRTHPLACE

(State or country)

England

## 10 NAME OF FATHER

James Barkworth

## 11 BIRTHPLACE OF FATHER

(State or country)

England

## 12 MAIDEN NAME OF MOTHER

Unknown

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Unknown

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Minnie Hauman

(Address) 300 Harbor St. Halethorpe

15

File April 6, 1931

Geo. Smith &amp; Sons

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 4,

1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug. 15, 1930 to April 4, 1931, that I last saw him alive on April 1, 1931, and that death occurred on the date stated above, at 11:45 A.M. The CAUSE OF DEATH \* was as follows:

Ch. Valvular Heart Disease

(Duration) 4 yrs. mos. ds.

Contributory  
Secondary

(Duration) 7 yrs. mos. ds.

(Signed) Wm. A. Stevens M. D.

4/6, 1931 (Address) 1901 Giffers

\*State the disease causing death, if in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. 10 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

England

## 19 PLACE OF BURIAL OR REMOVAL

London Park Cemetery

DATE OF BURIAL

April 7, 1931

## 20 UNDERTAKER

J. Lickner &amp; Sons

ADDRESS

2 La Ave

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term can be the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Désability" ("Congenital," "Senile," etc.), *Dropsy*, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 16 1931  
RECEIVED  
MAY 1931

(C) MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B.--Every item of information should be carefully supplied. Age should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

64273  
67  
38

**PLACE OF DEATH**  
 County Baltimore

Village or City Hutherfordville (No.) Seminary Ave SE: \_\_\_\_\_  
 ST: \_\_\_\_\_ Ward: \_\_\_\_\_

**FULL NAME** Elizabeth F. Baskerville

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
<u>Female</u>		<u>Single</u>
6 DATE OF BIRTH <u>December 22, 1930</u> (Month) (Day) (Year)		
7 AGE <u>4 yrs. 7 mos. 7 ds.</u> If LESS than 1 day hrs. or min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry business, or establishment in which employed or (employer) <u>None</u>		
9 BIRTHPLACE (State or country) <u>Hutherfordville Md.</u>		
10 NAME OF FATHER <u>Wm M. Baskerville</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		
12 MAIDEN NAME OF MOTHER <u>Evelyn F. Lynch</u>		
13 BIRTHPLACE OF MOTHER (State or Country) <u>New York</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm M. Baskerville</u> (Address) <u>Hutherfordville Md.</u>		
15 Filed <u>April 30, 1931</u> W. P. Butler Registrar		

If more banks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH April 29, 1931  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...  
 that I last saw her alive on 192...  
 and that death occurred on the date stated above, at 192... m.  
 The CAUSE OF DEATH \* was as follows:  
Enlargement of thyroidus  
(Strangulation)  
 (Duration) yrs. mos. ds.

Contributory Secondary  
 (Duration) yrs. mos. ds.

(Signed) W. P. Butler, Doctor M. D.  
 (Address) Hutherfordville Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death yrs. mos. ds. In the State yrs. mos. ds.  
 Where was disease contracted, if not at place of death.  
 Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Cathedral Cemetery  
 20 UNDERTAKER Margaret S. Flynn

DATE OF BURIAL April 30, 1931  
 ADDRESS 1422 Light St.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "For-man," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid) *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired, 6 yrs.)*. For persons who have no occupation, whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE, DISEASED DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County Baltimore

04274

STATE OF MARYLAND  
CERTIFICATE OF DEATHVillage or City Mount Wilson No. mount Wilson Branch  
Registration Dist. No. 82  
St. Maryland Tuberculosis Sanatorium Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Emily M. Baumans

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
---------------------	------------------------------	--

6 DATE OF BIRTH <u>October 10</u>	(Month)	(Dsy) <u>1897</u>	(Year)
-----------------------------------	---------	-------------------	--------

7 AGE <u>33 yrs.</u>	IF LESS than 1 day <u>hrs.</u>
<u>6 mos.</u>	<u>16 ds.</u>
	or <u>min.</u> ?

8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>
(b) General nature of industry business, or establishment in which employed or (employer) <u></u>

9 BIRTHPLACE (State or country) <u>Baltimore Maryland</u>
--

10 NAME OF FATHER <u>August Mouch</u>
---------------------------------------

11 BIRTHPLACE OF FATHER (State or country) <u>France</u>
---

12 MAIDEN NAME OF MOTHER <u>Mary Donnelly</u>
---

13 BIRTHPLACE OF MOTHER (State or Country) <u>Ireland</u>
--

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
--

(Informant) Louis Schuerholz  
(Address) Mt. Wilson Md.

15 Filed <u>April 27 1931</u>	Registrar <u>Michael</u>
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26, 1931  
(Month) April (Day) 26 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from June 22, 1930 to April 26, 1931,  
that I last saw her alive on April 25, 1931, and that death occurred on the date stated above, at 545A m.  
The CAUSE OF DEATH \* was as follows:Pulmonary Tuberculosis(Duration) 0 yrs. 11 mos. (2) ds.Contributory  
Secondary Tuberculosis Laryngitis(Duration) 0 yrs. 11 mos. (2) ds.(Signed) John A. Smith M. D.  
April 26, 1931 (Address) Mount Wilson Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 10 mos. 4 ds. In the 33 yrs. 6 mos. 16 ds.Where was disease contracted, if not at place of death? UnknownFormer or usual residence 72 Prospect Ave Catonsville Md.19 PLACE OF BURIAL OR REMOVAL Loydow Park DATE OF BURIAL April 28, 193120 UNDERTAKER Castor Sons ADDRESS Baltimore City

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g.: *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill.* (a) *Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If refined from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

*Baltimore*

Village or City

*Lorraine Park*

(No.)

*1806 Kinship Rd*STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

*41*

93-d

## 2 FULL NAME

*Charles Howard Bayne Jr*

If death occurred in a hospital or institution, give its name instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

*Male*

4 COLOR OR RACE

*White*5 SINGLE,  
MARRIED,  
WIDOWER  
OR DIVORCED  
(Write the word)*Married*

6 DATE OF BIRTH

*Oct 17 1876*

(Month) (Day) (Year)

7 AGE

*54 yrs. 5 mos. 25*If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work *Forman for*  
 (b) General nature of industry business, or establishment *Md. Dry Dock*  
 which employed or (employer) *Curtis Bay.*

9 BIRTHPLACE

(State or country)

*Baynesville Balt CInd*10 NAME OF FATHER *Charles H Bayne Jr*11 BIRTHPLACE OF FATHER *Baynesville Ind*

(State or country)

12 MAIDEN NAME OF MOTHER *Laura Holland*13 BIRTHPLACE OF MOTHER *Maryland*

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

*Mrs Florence E Van Horn*

(Informant)

(Address) *27 Alleghany Ave**Towson**md*15 Filed *4/13/31*

J. M. Garmane

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*April 11 1931*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

*April 11 1931* to *April 11 1931*,that I last saw him alive on *April 11 1931*,and that death occurred on the date stated above, at *11:30 a.m.*

The CAUSE OF DEATH \* was as follows:

*Myocardial failure -**insufficiency* (Duration) *1 mo.* (Duration) *1 mo.* (Duration) *1 mo.*Contributory  
Secondarynot acute std. (Duration) *yrs. mos. ds.* (Duration) *yrs. mos. ds.*(Signed) *E. V. Lassure* M. D. *6833 Lupton Rd.*

4/11/31 192 (Address)

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death *yrs. mos. ds.* In the State *yrs. mos. ds.*

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Park Wood*DATE OF BURIAL *April 15 1931*20 UNDERTAKER *John F Denny*ADDRESS *715 Lyt St*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Gangrene"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County, Baltimore

Village or City, Overlea (No. 605 Old Home Road)

107a

2 FULL NAME, Gerard Ronald Benda

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
male	white	single
6 DATE OF BIRTH		
February 22, 1930 (Month) (Day) (Year)		
7 AGE		
1 yrs. 1 mos. 15 ds. or min?		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		
9 BIRTHPLACE (State or country)		
Baltimore, Md.		
10 NAME OF FATHER		
Gerard A. Benda		
11 BIRTHPLACE OF FATHER (State or country)		
Maryland		
12 MAIDEN NAME OF MOTHER		
Mildred Cole		
13 BIRTHPLACE OF MOTHER (State or Country)		
Baltimore		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. Charles Cole (Address) 605 Old Home Road		
15 Filed 4/9 1931 G. a. Felt, m.d. Registrar		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 43

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

16 DATE OF DEATH April 7, 1931, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended the deceased from April 3, 1931, to April 7, 1931, that I last saw him alive on April 7, 1931, and that death occurred on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH \* was as follows:

Acute Cardiac Dilation  
(Duration) sudden  
Contributory Secondary  
(Duration) yrs. mos. 5 days  
Primary  
(Duration) yrs. mos. 5 days  
(Address) 605 Old Home Road, Baltimore, Md., April 7, 1931

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Parkwood Cemetery	DATE OF BURIAL Apr. 10, 1931
20 UNDERTAKER Hughes & Jones Lee	ADDRESS 424 N. Broadway

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term only will be sufficient, e. g. *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Hauswife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease (causing death) (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia";

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Dedility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a full question answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is properly filed.

4 1931  
X  
RE

RECEIVED  
4 1931  
X  
RE

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04277

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Rossville

Registration Dist. No.

43

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Christian Bengel

(a) Residence: No.

Our Delight, 1100 Farm Church Park.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowad, or divorced

HUSBAND of  
(or) WIFE of

Anne M Bengel

6. DATE OF BIRTH (month, day, and year)

July 7, 1863

7. AGE

Years

Months

Days

If LESS than  
1 day,  
1 hr.,  
or... min.

67 9 15

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.retired  
Car Inspector9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

PRR

10. Date deceased last worked at  
this occupation (month and  
year)

2 yr

11. Total time (years)  
spent in this  
occupation

30 yrs

12. BIRTHPLACE (city or town)

(State or country)

At home

Secretary

MOTHER

FATHER

13. NAME

Don't know

14. BIRTHPLACE (city or town)

(State or country)

Don't know

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (city or town)

(State or country)

Don't know

Secretary

17. INFORMANT

(Address)

Mrs Anna Bengel

18. BURIAL, CREMATION, OR REMOVAL

Place

Graveside

Date April 26, 1931

19. UNDERTAKER

(Address)

John Bengel

20. FILED

4/23, 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

22

(Month)

(Day)

1931  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
at home 2, 1931, to April 22, 1931.I last saw him alive on April 22, 1931; death is said  
to have occurred on the date stated above, at 3 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

hepatitis carcinoma

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature

M. D.

(Address) 1014 S. Elliott St. Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04278

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County: Baltimore

23

Registration Dist. No.

38

Village or City: EUDOWOOD SANATORIUM, TOWSON, MD.

St., Ward

Length of residence in city or town where death occurred 5 yr. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME: Thelma Catherine Benson

(a) Residence: No. 1002 Scott St

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

F

W

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 25, 1908

7. AGE Years Months Days If LESS than  
22 6 17 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Factory Worker

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Baltimore, Md.

13. NAME

Charles Benson

14. BIRTHPLACE (city or town)  
(State or country)

Baltimore, Md.

15. MAIDEN NAME

Susan Wilson

16. BIRTHPLACE (city or town)  
(State or country)

Baltimore, Md.

17. INFORMANT  
(Address) Hospital Records--Personal History  
EUDOWOOD SANATORIUM, TOWSON, MD.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Sept. 25, 1931

19. UNDERTAKER

(Address) Willwaye Cole

20. FILED

April 12, 1931 At P. Blythe  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 12  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

January 11, 1931, to April 12, 1931.

Last saw her alive on April 11, 1931; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Other Contributory Causes of importance:

Cerebral Meningitis

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. A. Bridges  
(Address) Eudowood San., Towson, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis	MAY 7 1931	1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARGIN RESERVED FOR BINDING  
WRITING ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL & MENTAL should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
County *Baltimore* **2 VILLAGE OR CITY** *Edgewater* **3 FULL NAME** *Evelyn June Blakney*

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i> (Write the word)
6 DATE OF BIRTH <i>June 21, 1929</i>		(Month) (Day) (Year)
7 AGE <i>1 yrs. 9 mos. 27</i>		If LESS than 1 day hrs. ds. or min.?
8 OCCUPATION <i>None</i> (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		
9 BIRTHPLACE (State or country) <i>Md</i>		
10 NAME OF FATHER <i>Harry E Blakney</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Penna</i>		
12 MAIDEN NAME OF MOTHER <i>Lena M. Bish</i>		
13 BIRTHPLACE OF MOTHER (State or Country) <i>Penna</i>		

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) *Harry Blakney* (Address) *614 Elmwood*  
Filed *Apr 18 1923* *G. M. Clemmons* *Registrar*

**15**

04279

**STATE OF MARYLAND CERTIFICATE OF DEATH**

Registration Dist. No. *114*

St: \_\_\_\_\_ Ward: \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** *Apr 18th, 1923*

(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended the deceased from *Apr 12, 1923* to *Apr 18, 1923*, that I last saw her alive on *Apr 17, 1923*, and that death occurred on the date stated above, at *8 A.M.*. The CAUSE OF DEATH \* was as follows:

*Broncho Pneumonia*

(Duration) *6 days*

**Contributory Secondary** *Pertussus*

(Signed) *G. M. Clemmons* (Address) *614 Elmwood* M. D. *1923*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** *Oak Lawn*

**20 UNDERTAKER** *John D. Denny*

**DATE OF BURIAL** *Apr 20, 1923*

**ADDRESS** *Baltimore*

If more banks are needed, address State Registrar, 10 W. Saratoga St., Baltimore, Requesting V. S. Inv. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

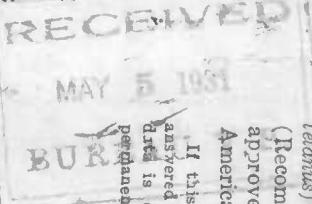
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiariaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is completely filed.



## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. **ACROSS** should be stated EXACTLY, PHYSICAL STATE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
County Baltimore

Village or City Ulla Nova (No.)

**2 FULL NAME** Anna Blume

## PERSONAL AND STATISTICAL PARTICULARS

<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)</b>
Female	White	Married

**6 DATE OF BIRTH**  
Nov. 23, 1859  
(Month) (Day) (Year)

**7 AGE**  
72 yrs. 5 mos. 6 ds. or **IF LESS than  
1 day.... hrs.  
min.?**

**8 OCCUPATION**  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed or (employer) "

**9 BIRTHPLACE**  
(State or country) Germany

**10 NAME OF FATHER**  
William Meisel

**11 BIRTHPLACE OF FATHER**  
(State or country) Germany

**12 MAIDEN NAME OF MOTHER**  
Glasselhoff

**13 BIRTHPLACE OF MOTHER**  
(State or Country) Germany

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Mr. T. Henry Blume

(Address) Augsburg Idiot Campfield Rd

Filed April 29 1921 M<sup>r</sup>. Buffet  
29 Registrar

64280

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 31

107-a

Augsburg Idiot Campfield Rd St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** April - 28, 1931  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from April 25, 1931 to April 27, 1931, that I last saw her alive on April 27, 1931,

and that death occurred on the date stated above, at 7:50 a.m.

The CAUSE OF DEATH was as follows:

Broncho pneumonia

Contributory (Duration) yrs. mos. ds.

Secondary Old age 2 - -

(Duration) yrs. mos. ds.

(Signed) Geo W. Heimann M. D.

April 28, 1931 (Address) 302 Garrison Bl

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents)

At place 3 mos. 10 ds. In the State MD

Where was disease contracted, if not at place of death? 1033 N. Dallas St.

Former or usual residence Baltimore, Md.

**19 PLACE OF BURIAL OR REMOVAL** Emmanuel Cem DATE OF BURIAL Apr. 30, 1931

**20 UNDERTAKER** Louis Heimann ADDRESS 325 Broadway

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**— Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia,"

RECEIVED

JUN 4 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Corcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, a fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County..... Baltimore

Village or City..... Sutherland (No.)

## 2 FULL NAME

Joseph Scott Borley

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

## 4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

## 6 DATE OF BIRTH

October 9, 1901  
(Month) (Day) (Year)

## 7 AGE

29 yrs. 6 mos. 19 ds. or min?

If LESS than  
1 day hrs.  
or min?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work..... Farmer
- (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE  
(State or country)

Balto. Co., Md.

## 10 NAME OF FATHER

Alfred Borley

11 BIRTHPLACE OF FATHER  
(State or country)

Balto. Co., Md.

## 12 MAIDEN NAME OF MOTHER

Sousa Combs

13 BIRTHPLACE OF MOTHER  
(State or country)

Balto. Co., Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Alfred Borley

(Address)

Sutherland, Md.

## 15

Filed Apr. 26 1931 To record

Registrar

04291

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 33

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Apr 26, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Apr 1st 1931 to Apr 26, 1931,

that I last saw him alive on Apr 25, 1931,

and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH \* was as follows:

Tuberculosis

(Duration) yrs. 2 mos. 0 days

Muscle

(Duration) yrs. 0 mos. 15 days

(Signed) John Price M. D.  
Apr. 26, 1931. (Address) Glyndur

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Balto. Rd Chapel

## 20 UNDERTAKER

Wm. C. Brooks & Son

## DATE OF BURIAL

April 28 1931

ADDRESS

Sparks, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer"; "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Formerly retired 6 yrs.* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Group Typhoid fever" never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia")

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Corna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*, *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

MAY 5 1931

EUREAU

V. If this certificate is looked over thoroughly and a question unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE ONLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Baltimore

2 FULL NAME Mary Bouldin

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.4 COLOR OR RACE Che5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married

6 DATE OF BIRTH

unknown, 1853  
(Month) (Day) (Year)

7 AGE 18

yrs. — mos. — ds. or min.? If LESS than  
1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry business, or establishment in which employed or (employer) unknown

9 BIRTHPLACE  
(State or country) Indy10 NAME OF FATHER Samuel Chase11 BIRTHPLACE OF FATHER  
(State or country) Indy12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER  
(State or Country) Indy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Bouldin(Address) Rossville Md.15 Filed 4/7/1925 J. McConnell  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 4, 1925

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar 1, 1925 to Apr 4, 1925that I last saw h. b. alive on Mar 31, 1925and that death occurred on the date stated above, at 3 p.m.

The CAUSE OF DEATH \* was as follows:

Chronic Myocarditis(Duration) 1 yrs. 0 mos. 0 ds.

Contributory Secondary

(Duration) 0 yrs. 0 mos. 0 ds.(Signed) G. V. Glass M. D.1925 (Address) G. V. Glass Grossacade

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death Indy yrs. 0 mos. 0 ds. In the State Indy yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St Stevens CountyDATE OF BURIAL Apr 7, 192520 UNDERTAKER Mrs. B. A. ElliottADDRESS 1925 Rossville

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the primary cause of death (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal*

*fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanctasis*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term entered the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. A few examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

MAY 5 1931

EUREAU V

Approved by Committee on Nomenclature of the American Medical Association.)

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *seisis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death permanently filed.*

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County

Baltimore

04284

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Village or City

Rosedburg

(No.)

605

Elmwood Rd.

S

Ward)

Registration Dist. No.

43

92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Mary H Brown

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCEDSingle  
(Write the word)

6 DATE OF BIRTH

May 6

(Month)

(Day)

(Year)

7 AGE

42 yrs. 11 mos. 17

If LESS than  
1 day hrs.  
ds. or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country)

Scotland

Asst Purchasing

## 10 NAME OF FATHER

Daniel J Brown

Agent Bethlehem Steel

Scotland

Scotland

## 11 BIRTHPLACE OF FATHER

(State or country)

Margaret Heiton

## 12 MAIDEN NAME OF MOTHER

(State or Country)

Scotland

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Scotland

Guthrie J McVicar

(Address) 605 Elmwood Rd

John G Denny

813 Light St

T

4/24 1931 G. A. Felt M.D.

Registrar

T

4/24 1931 G. A. Felt M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 23, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

March 9, 1931 to April 23, 1931

that I last saw her alive on April 22, 1931

and that death occurred on the date stated above, at 4 p.m.

The CAUSE OF DEATH \* was as follows:

Bronchial asthma

(Duration) 2 yrs. 2 mos. 2 ds.

Contributory Secondary

Acute insufficiency

(Duration) 2 yrs. 2 mos. 2 ds.

(Signed) H. J. Pettelauer M. D.

April 23, 1931 (Address) 813 Light St

\* State the Disease Causing Death, or, in deaths from

Violent Causes, state (1) Means of Injury and (2) Whether

Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death.

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Parkwood

20 UNDERTAKER

John G Denny

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OR INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association).

If this certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CONDITION should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County, BaltimoreVillage or City, Harrow Point(No. 327)2 FULL NAME, Edward BuckmanSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

W.5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)Divorced

6 DATE OF BIRTH

Feb unknown 1837  
(Month) (Day) (Year)

7 AGE

94

yrs.

2

mos.

If LESS than  
1 day, hrs.  
or min.)

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Retired

9 BIRTHPLACE

(State or country)

Can. Pal. Md

PARENTS

10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) 2741 Greenmount Ave15 Filed Apr 25 1923

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4 - 23, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

1929 to Apr 23, 1931that I last saw him alive on Apr 22, 1931and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH \* was as follows:

Valvular disease of heart(Duration) several yrs. mos. ds.Contributory  
Secondary(Duration) 1/2 hr. yrs. mos. ds.(Signed) J. H. McConnell M. D.(Address) Harrow Point\* State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

National Cemetery - London Park DATE OF BURIAL  
April 27, 1931

20 UNDERTAKER

John McHenry ADDRESS  
715 Light St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spiner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

1931, under Dr. G. C. McCormick.  
"Marrowed" according to better idea July 29,

unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be specified unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

10 If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1931

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

## PLACE OF DEATH

County Baltimore

04296

59

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 35

Village or City Parkton, Md. (No.)2 FULL NAME Mary A. Bull

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married6 DATE OF BIRTH July 25

(Month)

(Day)

(Year) 18707 AGE 60

IF LESS than

yrs.

mos.

22

ds.

or ..... min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife(b) General nature of industry business, or establishment in which employed or (employer) 

9 BIRTHPLACE

(State or country) Maryland10 NAME OF FATHER President N. Lytle11 BIRTHPLACE OF FATHER  
(State or country) Maryland12 MAIDEN NAME OF MOTHER Catherine Rosier13 BIRTHPLACE OF MOTHER  
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. J. Bull(Address) Parkton, Md.15 Filed April 18, 1931 Samuel S. Miller  
Reg. Dep.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 16, 1931(Month) April (Day) 16 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from July 25, 1931 to April 16, 1931, that I last saw her alive on April 16, 1931, and that death occurred on the date stated above, at 645 A.M. The CAUSE OF DEATH \* was as follows:

Hypertension  
Chronic Enteritis  
Chronic Myocarditis

(Duration) 10 yrs. mos. ds.Contributory  
SecondaryLa Grippe(Duration) 1 yrs. mos. 3 ds.(Signed) Chas. C. Ayres M.D.  
April 16, 1931 (Address) Ward & Hall, Md.

\*State the disease causing death, or, in deaths from violent causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Woodbury CemeteryDATE OF BURIAL April 18, 193120 UNDERTAKER E. Lefroy Stiffle Inc.ADDRESS 125 E. North Ave.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Hausfrau*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**M** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County Baltimore

Village or City Green Spring Valley

2 FULL NAME Sarah Gaughran

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word)

6 DATE OF BIRTH

Clarkson, 1856  
(Month) (Day) (Year)

7 AGE

75 yrs. .... mos. .... ds. .... min.  
If LESS than  
1 day.... hrs. .... or .... min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

none

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Clarkson

PARENTS

10 NAME OF FATHER

Clarkson

11 BIRTHPLACE OF FATHER

(State or country)

Clarkson

12 MAIDEN NAME OF MOTHER

Clarkson

13 BIRTHPLACE OF MOTHER

(State or Country)

Clarkson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Mrs. Freeman Brooks15 Filed 01-6- 1931 E E Nichols

Registrar

0425

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 02

St.:

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 5<sup>th</sup>, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

for many years, 192...,that I last saw her alive on April 5<sup>th</sup>, 1931,and that death occurred on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH \* was as follows:

Deabetes Leoma

(Duration) yrs. mos. ds.

Contributory  
SecondaryChronic BronchTumor (Duration) yrs. mos. ds.(Signed) John G. Nichols M. D.Apr 6 1931 (Address) Pleasanton May

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Lukes Cem.

DATE OF BURIAL

4/8 1931

20 UNDERTAKER

ADDRESS

James Henratty & Son

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAY 4 1931

EUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

WRITE PLATE, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County Baltimore

Village or City Parkville (No. Harford Rd.)

FULL NAME Joseph Leo Clantice

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)Male whiteSingle

6 DATE OF BIRTH

Aug. 4, 1886

(Month)

(Day)

(Year)

7 AGE

44 yrs. 8 mos. 20 ds.IF LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)LaborerPottery works

9 BIRTHPLACE

(State or country)

Balto., Md.10 NAME OF  
FATHERGeo. B. Clantice11 BIRTHPLACE  
OF FATHER

(State or country)

Balto., Md.12 MAIDEN NAME  
OF MOTHERMary A. Brady13 BIRTHPLACE  
OF MOTHER

(State or country)

Balto., Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

I

(Informant)

(Address)

Geo B. Clantice

15

Filed

4/26/31 Fellerston G.C.  
G. M. Bacon Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

04288

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38

(131)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in  
a hospital or institu-  
tion, give its NAME in  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 24, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Feb. 14, 1931 to April 24, 1931,  
that I last saw him alive on April 24, 1931,  
and that death occurred on the date stated above, at 11 P.M..  
The CAUSE OF DEATH \* was as follows:Chronic interstitial  
nephritismore than (Duration) 3 yrs. - mos. - days.Contributory Secondaryaortic regurgitationmore than (Duration) 3 yrs. - mos. - days.(Signed) G. M. Bacon M. D.4/25/31 (Address) Parkville, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Tarwood

DATE OF BURIAL

4/28/31

20 UNDERTAKER

George J. ButlerADDRESS  
735 Hanover St.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Leather*—*Cat* *mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewives* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaird*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis* of lungs, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uremia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *hematoma*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

This certificate is looked over thoroughly and a signature is required in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAY 15 1915  
BUREAU

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County..... Baltimore

Village or City..... Montebello (No.)

2 FULL NAME..... Craven M Cole

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX..... Male

4 COLOR OR RACE..... White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)..... Widowed

6 DATE OF BIRTH..... Feb 10, 1845

(Month)

(Day)

(Year)

7 AGE..... 86 yrs. 2 mos. 5 ds. or min.

If LESS than  
1 day... hrs.  
or min.

8 OCCUPATION.....

- (a) Trade, profession or particular kind of work..... Retired Farmer  
 (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE  
(State or country)..... Balto Co Md

10 NAME OF FATHER..... Gordon Cole

11 BIRTHPLACE OF FATHER  
(State or country)..... Balto Co Md

12 MAIDEN NAME OF MOTHER..... Mary Randall

13 BIRTHPLACE OF MOTHER  
(State or Country)..... Balto Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)..... Craven Cole

(Address)..... Montebello Md

15 Filed..... 4/16 1931

Frances O'Brien  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No..... 36

St. \_\_\_\_\_ Ward) \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH..... 4 15, 1931

(Month)..... (Day)..... (Year).....

17 I HEREBY CERTIFY, That I attended the deceased from Dec 1928 to April 15, 1931, that I last saw him alive on April 14, 1931, and that death occurred on the date stated above, at 3 p.m. The CAUSE OF DEATH \* was as follows:

Hypertension unspecified  
(Duration)..... yrs. mos. ds.

Contributory no further information  
(Secondary).....

Tranquillizer (Duration)..... yrs. mos. ds.

(Signed) R. D. Sherman, M. D.  
(Address) 415 Park St

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death..... yrs. mos. ds.

In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL..... Mt Carmel Cemetery

DATE OF BURIAL..... 4-17, 1931

20 UNDERTAKER..... M.C. Brooks &amp; Son

ADDRESS..... Glucks Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

MAY 4 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a<sup>l</sup> questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WRITE ONLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
County Balto.

04280 STATE OF MARYLAND  
CERTIFICATE OF DEATH

(No.) Registration Dist. No. 38

Village or City Carney (No. \_\_\_\_\_)

**2 FULL NAME** Lillian Agnes Carney

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX**

**4 COLOR OR RACE** Female White

**5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED**  
(Write the word)  
MARRIED

**6 DATE OF BIRTH**

Dec. 24, 1898  
(Month) (Day) (Year)

**7 AGE**

32 yrs. 3 mos. 26 If LESS than  
1 day.... hrs.  
ds. or min.?

**8 OCCUPATION**

(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry business, or establishment in which employed or (employer) Own home

**9 BIRTHPLACE**

(State or country) Balto., Md.

**10 NAME OF FATHER**

unknown Sluval

**11 BIRTHPLACE OF FATHER**

(State or country) Balto. Md.

**12 MAIDEN NAME OF MOTHER**

Mary Amrein

**13 BIRTHPLACE OF MOTHER**

(State or Country) Balto. Md.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

A. J. Murphy

(Address)

Parkville Md.

**15 Filed**

4/20 1931 G. W. Bacon  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH**

April 19, 1931  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended the deceased from**  
March 21, 1931 to April 19, 1931,  
that I last saw her alive on April 10, 1931,  
and that death occurred on the date stated above, at 2:40 P.M..  
The CAUSE OF DEATH \* was as follows:

Carcinoma of uterus

About (Duration) 1 yrs. 6 mos. - ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.  
(Signed) G. W. Bacon M. D.  
4/19 1931 (Address) Parkville Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)**

At place of death yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

**19 PLACE OF BURIAL OR REMOVAL**

Shrubs Ridge Cem.

**20 UNDERTAKER**

W. C. Brooks & Son

**DATE OF BURIAL**  
4/21, 1931

ADDRESS  
Sparks, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the primary cause of death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAY 7 1931

BUREAU

U. S. CENSUS BUREAU  
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc. of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatice), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *telsumus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Ottersville No. 606

2 FULL NAME Aurelia F. Delcher

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)

6 DATE OF BIRTH Oct 5 1856

(Month) (Day) (Year)

7 AGE 74 yrs. 5 mos. 3 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Home work  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) City (Baltimore)

10 NAME OF FATHER Elas. H. Bodensiek  
11 BIRTHPLACE OF FATHER Md  
(State or country)

12 MAIDEN NAME OF MOTHER Lucy H. Lippay  
13 BIRTHPLACE OF MOTHER Md  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry D. Delcher

(Address) 606 N. Berry Rd mt. olivet

15 Filed 4/9 1931

Registrar

64291

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-8- 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,

that I last saw h ..... alive on , 192 ,

and that death occurred on the date stated above, at . m.

The CAUSE OF DEATH \* was as follows:

Ch. Nerv Dis of Heart

(Duration) .... yrs. .... mos. .... ds.

Contributory Secondary

(Duration) .... yrs. .... mos. .... ds.

(Signed) Charles Mattfeldt M. D.  
(Address) 192, Flentonville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death .... yrs. .... mos. .... ds.

In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

4/11, 1931

20 UNDERTAKER

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conia," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traetia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**M**  
**N.B.** Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
Balt. Co.

County \_\_\_\_\_

Village or City Kingsville2 FULL NAME Thomas T. Dennis.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male.	4 COLOR OR RACE White.	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single.
-------------	------------------------	---

6 DATE OF BIRTH Dec. II, 1861.  
 (Month) Dec. (Day) 1 (Year)

7 AGE 69 yrs. 3 mos. 28 ds. If LESS than  
 1 day hrs. or min.?

8 OCCUPATION Farming.  
 (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer) ✓

9 BIRTHPLACE (State or country) Va.

10 NAME OF FATHER Oliver H. Dennis.

11 BIRTHPLACE OF FATHER Mass.

12 MAIDEN NAME OF MOTHER Mary J. Greshan.

13 BIRTHPLACE OF MOTHER Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Harry C. Kilmer.  
 (Address) 2502 Allendale Rd.

15 Filed 4.8 1931 *J. F. H. Gorsuch*  
 Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 40

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8th, 1931.  
 (Month) April (Day) 8 (Year) 1931

17 I HEREBY CERTIFY That I attended the deceased from April 5<sup>th</sup>, 1931, to April 8<sup>th</sup>, 1931,

that I last saw him alive on April 8<sup>th</sup>, 1931, 1931.

and that death occurred on the date stated above, at 1:15 A.M.

The CAUSE OF DEATH was as follows:  
**Pneumonia Lobar.**

(Duration) yrs. mos. 4 ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) *Charles J. Kilm* M. D.

April 8, 1931. (Address) *Baltimore, Md.*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Greenmount Cemetery.*

20 UNDERTAKER *Geo. J. Smith*

DATE OF BURIAL April 18, 1931

ADDRESS 1532 Hollins St., Balt. Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage all "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)

If this certificate is copied over thoroughly and a question answered in detail will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

M.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH  
County Baltimore

Village or City St. Denis (No.)

FULL NAME Mary Annie Dobson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
------------------------	---------------------------------	--

6 DATE OF BIRTH

Aug 2, 1865  
(Month) (Day) (Year)

7 AGE

65 yrs. 8 mos. 24 ds. or min.? If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Domestic

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Virginia

10 NAME OF FATHER

Phirgus M Broocke

11 BIRTHPLACE OF FATHER

(State or country)

No.

12 MAIDEN NAME OF MOTHER

America J Curry

13 BIRTHPLACE OF MOTHER

(State or Country)

VA

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Dobson (Huband)

(Address) Relay Md

15 Filed Apr 27 1931 by Frankie L. Gruenkeff  
Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

04293

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 42

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 26, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

May 1929 to Apr 26, 1931,

that I last saw her alive on Apr 26, 1931,

and that death occurred on the date stated above, at 9:00 m.

The CAUSE OF DEATH \* was as follows:

chronic Parenchymatous  
Nephritis &  
Asidosis (Terminal).

(Duration) 10 yrs. mos. ds.

Contributory  
Secondary

Dialysis Mellitus

(Duration) 5 yrs. mos. ds.

(Signed) J. H. Dobson M. D.

Apr 26, 1931 (Address) Elkridge Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

London Park Cemetery DATE OF BURIAL

April 29, 1931

20 UNDERTAKER

Joseph J. Cook ADDRESS

1003 West Baltimore St.

42

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin: "Cancer") is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

T

PLACE OF DEATH  
County Baltimore

Village or City Texas (No.)

2 FULL NAME William Edward Dowens

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male 4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Nov. 14, 1904  
(Month) (Day) (Year)

7 AGE

26 yrs. 5 mos. 6 days or min.

If LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Laborer

9 BIRTHPLACE

(State or country)

Maryland

10 NAME OF  
FATHER

James A. Dowens

11 BIRTHPLACE  
OF FATHER

(State or country)

Maryland

12 MAIDEN NAME  
OF MOTHER

(State or Country)

Mabel G. King

13 BIRTHPLACE  
OF MOTHER

(State or Country)

Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James A. Dowens

(Address)

Texas Md

15 Filed

April 20 1921

H. L. Drach Jr.

Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 37

St. Ward)

(If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

183

04294

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 20, 1921

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192 ... to 192 ...

that I last saw him alive on , 192 ...

and that death occurred on the date stated above, at . m.

The CAUSE OF DEATH \* was as follows:

Drowning (Accidental)

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) W. P. Fletcher Coroner M.D.

April 20 1921 (Address) Tolson, Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

New Freedom Pa

DATE OF BURIAL

April 21, 1921

20 UNDERTAKER

Harlanstein Monomoyes Md

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriter, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state "occupation at beginning of illness. If retired from business," that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED APR 30 1931  
U. S. CENSUS BUREAU

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

PLACE OF DEATH County <i>Baltimore</i>	
Village or City <i>Gwynedd</i>	No. <i>100</i>
2 FULL NAME <i>James Wm Edwards</i>	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>Colored</i>
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	
6 DATE OF BIRTH <i>Melkown</i> , 1903	
(Month) (Day) (Year)	
7 AGE <i>28</i>	If LESS than 1 day hrs. mos. ds. or min.
8 OCCUPATION (a) Trade, profession or particular kind of work <i>Horse Trainer</i> (b) General nature of industry business, or establishment in which employed or (employer) <i>Mr Bonsal</i>	
9 BIRTHPLACE (State or country) <i>Va</i>	
10 NAME OF FATHER <i>Wm Edwards</i>	
11 BIRTHPLACE OF FATHER (State or country) <i>Va</i>	
12 MAIDEN NAME OF MOTHER <i>Belleah Lucas</i>	
13 BIRTHPLACE OF MOTHER (State or Country) <i>Va</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Cecil A Edwards</i> (Address) <i>Washington Valley</i>	
15 Filed <i>May 1 1921</i>	W. P. Butler Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.

04295

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *38*

(210 mm)

St. *York Road* Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <i>April 30, 1921</i>	(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192... that I last saw him alive on 192... and that death occurred on the date stated above, at 192... m.	
The CAUSE OF DEATH * was as follows: <i>Fractured skull Automobile accident.</i>	
(Duration) yrs. mos. ds.	
Contributory Secondary	
(Duration) yrs. mos. ds.	
(Signed) W. P. Butler (Coroner) M. D.	
192... (Address) Towson Md	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds.	
Where was disease contracted, if not at place of death? <i>Middleburg Va</i>	
In the State yrs. mos. ds.	
19 PLACE OF BURIAL OR REMOVAL <i>Middlebury Va</i>	
DATE OF BURIAL <i>4/30/31</i>	
20 UNTAKER <i>W. P. Butler</i>	
ADDRESS <i>518 Belmont Street, Baltimore</i>	

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Solestitch*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-

JUN 1931

BUREAU

U If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Approved by Committee on Nomenclature of the American Medical Association.)

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death*

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



## 1 PLACE OF DEATH

County Baltimore

04296

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 44Village or City Groverwood Park (No.)

(108)

Back River Neck

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Englass

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE C5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word) Married

## 6 DATE OF BIRTH

July 5  
(Month) (Day) (Year) 1869

## 7 AGE

61 62 yrs. ..... 8 mos. ..... 16 ds. or ..... min. ?If LESS than  
1 day....hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry business, or establishment in which employed or (employer) Farm hand.9 BIRTHPLACE  
(State or country)Alabama

## 10 NAME OF FATHER

John Mann

## 11 BIRTHPLACE OF FATHER

(State or country) Unknown

## 12 MAIDEN NAME OF MOTHER

John Mann

## 13 BIRTHPLACE OF MOTHER

(State or country) Unknown

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Englass(Address) Groverwood Pk., Back River

## 15

Filed April 2 1931 by J. G. Connelly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 1st(Month) (Day) (Year) 1931

## 17 I HEREBY CERTIFY, That I attended the deceased from

March 15 1931, to Apr 1st 1931that I last saw him alive on Apr 1st 1931, and that death occurred on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) ..... yrs. .... mos. .... da.

Contributory  
Secondary

(Duration) ..... yrs. .... mos. .... da.

(Signed) J. G. Connelly M. D.4-2 1931 (Address) Englewood

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. .... mos. .... da. In the State, ..... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Ashley Cemetery DATE OF BURIAL Apr. 5, 1931ADDRESS 1725 Ashland Ave

## 20 UNDERTAKER

Mrs. R. G. Elliott

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Taborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houselabor*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer*—*Oriented 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

"unqualified, is indefinite); *Tuberculosis of lungs*, *meningitis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., or ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Influenza," "Marasmus," "Old Age," "Shock," "Trachoma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04297

## 1. PLACE OF DEATH

County Baltimore

Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 8445 Spencerville Point

St.

Ward.

Baltimore County

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years  
23Months  
9

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)If, Total time (years)  
spent in this  
occupation

11. OCCUPATION

12. BIRTHPLACE (city or town)  
(State or country)

England

13. NAME

Edward Evans

14. BIRTHPLACE (city or town)

England

(State or country)

15. MAIDEN NAME

Mary Ann Brewer

16. BIRTHPLACE (city or town)

England

(State or country)

## Hospital Records--Personal History

17. INFORMANT

(Address)

EUDOWOOD SANATORIUM, TOWSON, MD.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn

Date Apr 11, 1931

19. UNDERTAKER

(Address)

John M. Goss

1217 St Paul St

20. FILED Apr 9, 1931

Mr. P. Butler

Sep

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

7

1931  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 19, 1930, to April 7, 1931.

I last saw him alive on April 7, 1931; death is said  
to have occurred on the date stated above, at 2:00 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary tuberculosis

Date of onset

about

of the

about

June

1926

Other Contributory Causes of importance:

Name \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray + sputum exam Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W.A. Bridges M. D.

(Address) Eudowood San., Towson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County. Balto.

Village or City Reisterstown Md. Mount Pleasant Sanat

2 FULL NAME Mr. Leon Flax

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
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## 6 DATE OF BIRTH

april 14, 1907  
(Month) (Day) (Year)

## 7 AGE

24 yrs. mos. 4 ds. or min.

If LESS than  
1 day hrs.  
or min.

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

Grocery Clerk

## 9 BIRTHPLACE

(State or country)

Balto Md.

## 10 NAME OF FATHER

Abraham Flax

## 11 BIRTHPLACE OF FATHER

(State or country)

Russia

## 12 MAIDEN NAME OF MOTHER

Rebecca Harris

## 13 BIRTHPLACE OF MOTHER

(State or Country)

England

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed Apr. 18, 1931 H. M. Slade,  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

april 18th, 1931  
abril (Month) 18 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 28, 1930, to April 18, 1931,

that I last saw him alive on April 18, 1931, and that death occurred on the date stated above, at 11:10 P.m. The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 17 mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Dr. A. F. Shiner M. D.  
April 18, 1931. (Address) Mt. Pleasant Sanat Reisterstown Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. 13 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balto

Former or usual residence 4011 Reisterstown Road

## 19 PLACE OF BURIAL OR REMOVAL

Hillview Cemetery 4-19-1931

## 20 UNDERTAKER

Jack Levine, 1439 E. Balto. ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Slaughterman*, *fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *All Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Retired (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemic," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1935  
MAY 5

BUREAU U. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**M** 1 PLACE OF DEATH  
County Baltimore

Village or City Over Road No. \_\_\_\_\_

2 FULL NAME Miss Ruth S. Forward

04209

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 37

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

## DATE OF BIRTH

Oct 25 1859  
(Month) (Day) (Year)

## 7 AGE

71 yrs. 6 mos. ds. or min?

If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

None

9 BIRTHPLACE  
(State or country)

Md

## 10 NAME OF FATHER

John W. Forward

11 BIRTHPLACE OF FATHER  
(State or country)

Md.

## 12 MAIDEN NAME OF MOTHER

Mrs Elizabeth Hart

13 BIRTHPLACE OF MOTHER  
(State or country)

Md

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ruth Forward

(Address) Federwood Md

## 15 Filed

April 6 1931 B. T. Burrey M. D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 4, 1931  
(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...  
that I last saw h alive on 192...,and that death occurred on the date stated above, at 8:00 P.M.  
The CAUSE OF DEATH \* was as follows:

Unknown  
Probably Heart Disease  
Had been in bad health for several months

Contributory  
Secondary

(Duration) yrs. mos. ds.  
(Signed) B. T. Burrey M. D.  
Apr 5 1931 (Address) 707 N. E. 10th St. Md.

\* State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.  
In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Grace M. F. Cemetery Apr. 7, 1931  
No. 100 UNDERTAKER  
ADDRESS

B. T. C. Brooks Sparks Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

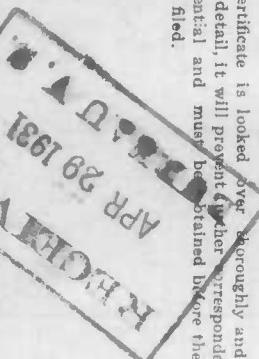
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationery firm, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmair*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 5 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*," ("*Congenital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Maraasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leukaemia*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Catonsville No. 131

04360

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 302 FULL NAME Jennie Friedman

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
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6 DATE OF BIRTH

Apr. 1, 1881  
(Month) (Day) (Year)

7 AGE

50 yrs. 0 mos. 4 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work Housework
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)MdLouis Friedman

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ide Goldman

(Address)

43 N Patterson St. Ave

15 Filed

4/4

192

31H. Mandel

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 4, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 12, 1920 to Apr 3, 1921,  
that I last saw her alive on Apr 3, 1921,  
and that death occurred on the date stated above, at 3:30 P.M.  
The CAUSE OF DEATH \* was as follows:

Ch. Infl. Nephritis  
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory  
Secondary

Dementia Praecox  
(Duration) 25 yrs. 0 mos. 0 ds.  
(Signed) Robt E. Garrett M. D.  
Apr 4, 1921 (Address) Catonsville

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place 25 yrs. 0 mos. 0 ds. In the State 50 yrs. 0 mos. 0 ds.

Where was disease contracted if not at place of death any place of death

Former or usual residence Baltimore Md.

19 PLACE OF BURIAL OR REMOVAL

Hebron Mt Carmel Date of Burial April 4, 1921  
ADDRESS 1127 E

20 UNDERTAKER

S. Ferguson Son ADDRESS 1127 E  
Baltimore

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

(Approved by U. S. Census and American Public Health Association)

### Mean illustrations.

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

*inges, peritoneum, etc., Carexoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—  
*Exam'Dest. Pavement around of road known as "The Devil's Highway."**

*REAU* *V.* carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, *Tellinus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

## MARGIN RESERVED FOR BINDING

M

\*.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

04301

STATE OF MARYLAND  
CERTIFICATE OF DEATHVillage or City Dundalk (No. 36)Registration Dist. No. 44

(1-a)

Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Gertrude Gilbert

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Married</u>
---------------------	------------------------------	---

6 DATE OF BIRTH

May 13, 1907  
(Month) May (Day) 13 (Year) 1907

7 AGE

23 yrs. 11 mos. 9 ds. IF LESS than  
1 day hrs. min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry, business, or establishment in which employed or (employer) at Home

9 BIRTHPLACE  
(State or country)Newark N. J.

10 NAME OF FATHER

Terrence C. Curtin11 BIRTHPLACE OF FATHER  
(State or country)New York

12 MAIDEN NAME OF MOTHER

Julia Sullivan13 BIRTHPLACE OF MOTHER  
(State or Country)Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Kenneth L. Gilbert(Address) 36 Admiral Blvd.

15 Filed

4/21/31 Informational  
7 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 19, 1931  
(Month) April (Day) 19 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from Dec. 17, 1931 to April 19, 1931,that I last saw her alive on April 19, 1931, and that death occurred on the date stated above, at 11:00 A.M.. The CAUSE OF DEATH \* was as follows:Influenza(Duration) — yrs. 4 mos. 2 ds.Contributory Secondary Septicemia, Bacteremia,  
Pneumonia (Duration) — yrs. 2 mos. 28 ds.(Signed) Armand Dearden M. D.  
4-20 1931 (Address) Dundalk

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. .... mos. .... ds. In the State yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Holy Redeemer Cemetery DATE OF BURIAL 4/22, 1931

20 UNDERTAKER

John A. Moran ADDRESS 3000 E. Balt

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houserunner*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 7 1931

BUREAU

## MARGIN RESERVED FOR BINDING

**M** WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
**N.B.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**PLACE OF DEATH**  
 County Baltimore

Village or City Catonsville (No. 756, Frederick Ave. St. Ward)

64302

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

92-a

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** George Walter Grady, Jr.**PERSONAL AND STATISTICAL PARTICULARS**

<b>3 SEX</b>	<b>4 COLOR OR RACE</b>		<b>5 SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (Write the word)	<b>Single</b>
Male	White			
<b>6 DATE OF BIRTH</b>				
May 22,		(Month)	1904	(Year)
<b>7 AGE</b>	26	10 yrs.	19 mos.	19 ds.
If LESS than 1 day, ____ hrs. OR min. ?				

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work Expressman for Self  
 (b) General nature of industry business, or establishment in which employed (or employer)

**9 BIRTHPLACE**  
 (State or country) Catonsville  
Maryland

**10 NAME OF FATHER** Walter Grady

**11 BIRTHPLACE OF FATHER**  
 (State or country) Montgomery County  
Maryland

**12 MAIDEN NAME OF MOTHER** Louise Miller

**13 BIRTHPLACE OF MOTHER**  
 (State or country) Catonsville  
Maryland

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Mr. Walter Grady

(Address) 736 Frederick Ave, Catonsville

15 Filed 4/13/31 Almonde Debt

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** April 10, 1931  
 (Month) April (Day) 10 (Year) 1931

**17 I HEREBY CERTIFY, That I attended deceased from**  
August, 1931, to April 10, 1931,  
**that I last saw him alive on** April 10, 1931,  
**and that death occurred on the date stated above, at** 6:30 A.M.

The CAUSE OF DEATH \* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. 0 mos. 0 ds.

**Contributory** droopy  
 Secondary

(Duration) 3 yrs. 0 mos. 0 ds.

(Signed) Marshall B. West M. B. West

April 11, 1931 (Address) 308 Ingleside Ave.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,  
 If not at place of death?

Former or  
 usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL**

Loudon Park Cemetery DATE OF BURIAL  
April 13, 1931

**20 UNDERTAKER** J. L. Cook ADDRESS  
1003 West Baltimore St.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," "unclassified, is indefinite"); *Tuberculosis of lungs*, *menin-*

*ges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*, *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent death, state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1931

BUREAU V. S.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County <u>Baltimore</u>		04303
Village or City <u>Dundalk</u>	(No.)	(8)
2 FULL NAME <u>Sally Neil Gregory</u>		St. _____ Ward _____
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u></u>
6 DATE OF BIRTH <u>0 0 1931</u> (Month) (Day) (Year)		7 AGE <u>✓ yrs. ✓ mos. ✓ ds. or min.?</u> If LESS than 1 day hrs.
8 OCCUPATION (a) Trade, profession or particular kind of work <u></u> (b) General nature of industry business, or establishment in which employed or (employer) <u></u>		
9 BIRTHPLACE (State or country) <u>Baltimore Md</u>		
10 NAME OF FATHER <u>George Gregory</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Baltimore Md</u>		
12 MAIDEN NAME OF MOTHER <u>Blanch Clark</u>		
13 BIRTHPLACE OF MOTHER (State or Country) <u>Buckingham Pa</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>George Gregory</u> (Address) <u>Turpentine St.</u>		
15 Filed <u>4/20/31</u>		Registrar <u>J. McLean</u>

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 41

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4/25/31, 192<sub>0</sub>  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
1920 to 1920, 192<sub>0</sub>that I last saw h alive on 1920, 192<sub>0</sub>and that death occurred on the date stated above, at m.  
The CAUSE OF DEATH \* was as follows:Stillborn 1:30 PM,(Duration) yrs. mos. ds.Contributory Secondary Obstetrical(Duration) yrs. mos. ds.(Signed) Ludwick Adams (Address) 15 1920

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Ashbury Park DATE OF BURIAL 4/25/3120 UNDERTAKER Mrs. Elliott ADDRESS Baltimore

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

unqualified, is indenitite); *Inverticosis* of lungs, men-  
inges, peritoneum, etc., *Carcinoma*, Sarcoma, etc., of  
..... (name origin); "Cancer" is less definite; avoid  
use of "Tumor" for malignant neoplasms); *Measles*;  
*Whooping cough*; *Chronic valvular heart disease*  
*Chronic interstitial nephritis*, etc. The contributory  
(secondary or intercurrent) affection need not be  
stated unless important. Example: *Measles* (disease  
causing death), 29 ds.; *Bronchopneumonia* (secondary),  
10 ds. Never report mere symptoms or terminal condi-  
tions, such as "Asthma," "Anaemia" (merely symptom-  
atic), "Atrophy," "Collapse," "Coma," "Convulsions,"  
"Debility" ("Congenital," "Senile," etc.), "Dropsey,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Maraasmus," "Old Age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite disease  
can be ascertained as the cause. Always qualify all  
diseases resulting from childbirth or miscarriage as  
"PUERPERAL septicemia," "PUERPERAL peritonitis," etc.  
State cause for which surgical operation was under-  
taken. For VIOLENT DEATHS state MEANS OF INJURY  
and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL,  
or as probably such, if impossible to determine definitely.  
Examples: *Accidental drowning*; *Struck by railway train*—  
*accident*; *Revolver wound of head*—*homicide*; *Poisoned by*  
*carbolic acid*—*probably suicide*. The nature of the injury,  
as fracture of skull, and consequences (e. g., *sepsis*,  
*lethamus*) may be stated under the head of "contributory".  
(Recommendations on statement of cause of death  
approved by Committee on Nomenclature of the  
American Medical Association.)

MARGIN RESERVED FOR BINDING

S. No. 1

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Baltimore

Village or City Notch Cliff (No.)

2 FULL NAME Sister Mary Alice Green

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH Aug 7, 1896

(Month)

(Day)

(Year)

7 AGE 34 yrs. 8 mos.

IF LESS than  
1 day hrs.  
ds. or min?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Teacher

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)

Boston, Mass

10 NAME OF  
FATHER

Michael Green

11 BIRTHPLACE  
OF FATHER  
(State or country)

Ireland

12 MAIDEN NAME  
OF MOTHER

Alice Brown

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Sr. Mary Clara

(Address)

Notch Cliff Rd.

15 Filed 4/15/1937 S. F. H. Gorsuch  
Registrator

04304

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 40

28

St. Ward) (If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 13, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 1929 to April 1931.

that I last saw her alive on April 1, 1931,

and that death occurred on the date stated above, at 6:45 P.M.

The CAUSE OF DEATH \* was as follows:

Pneumonia. Tuberculosis

(Duration) 2 yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Michael Green Jr. M. D.

(Address) Towson, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence.

19 PLACE OF BURIAL OR REMOVAL

Notch Cliff Rd. April 16, 1931

DATE OF BURIAL

20 UNDERTAKER

Frank A. Flinck 915 W. Gay St.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Teacher," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); "*Typhoid fever*" (never report "*Typhoid Pneumonia*"); "*Other pneumonia*, *Bronchopneumonia*" ("Pneumonia";

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Moskis, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Moskis* (disease causing death), 29 ds.; *Bronchomeningitis* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia, Anemia*" (merely symptomatic), "*Atrophy, Collapse, Convulsions, Debility*" ("Congenital," "Senile," etc.), "*Dropsy, Exhaustion, Heart failure, Haemorrhage, Intimation, Marasmus, Old Age, Shock, Uræmia, Weakness,*" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia, Puerperal peritonitis, etc.*" State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning, Struck by railway train—accident, Revolver wound of head—homicide, Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "*Contributory.*" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little time is essential and must be obtained before the certificate is conveniently filed.

R

MAY 6 193

BUREAU

## MARGIN RESERVED FOR BINDING

**N.B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County Baltimore

Village or City Hollowayfield

2 FULL NAME Walter Elbert Greene

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED(Write the word)  
Married

6 DATE OF BIRTH

Jan 1, 1877  
(Month) (Day) (Year)

7 AGE

54 yrs. 3 mos. 2 ds. or min?

If LESS than

1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work  
Soldier Retired  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

New York

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Clarence Settles(Address) Alberton Md.

15

Filed Apr 4 1931 N. T. Shapley  
Registrar

04305

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 31St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 3, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Apr 2, 1931, to Apr 3, 1931,that I last saw him alive on Apr 2, 1931,and that death occurred on the date stated above, at 9:45 m.  
The CAUSE OF DEATH \* was as follows:Acute Irritation of Heart(Duration) 18 hrs yrs. mos. ds.Contributory arturo Schlueter  
Secondary(Duration) 2 yrs. 4 mos. 0 ds.(Signed) Harry T. Shapley M. D.(Address) 20 Woodlawn Rd

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL D.C.

National Cemetery Washington

DATE OF BURIAL

April 6, 1931

20 UNDERTAKER

Easton Sons

ADDRESS

Ellicott City Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinning*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *...pneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions such as "Asthma," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 1 1931

BUREAU

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County: Baltimore

Village or City: Glenelg (No.)

2 FULL NAME: Not named Haga

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male	4 COLOR OR RACE: white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: (Write the word)
-------------	------------------------	---

6 DATE OF BIRTH: April 6, 1931  
(Month) (Day) (Year)

7 AGE: — yrs. — mos. — ds. If LESS than  
1 day 4 hrs. or min.

8 OCCUPATION:  
(a) Trade, profession or particular kind of work: \_\_\_\_\_  
(b) General nature of industry business, or establishment in which employed or (employer): \_\_\_\_\_

9 BIRTHPLACE (State or country): Maryland

10 NAME OF FATHER: George Vance Haga

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Virgie May Hutton

13 BIRTHPLACE OF MOTHER (State or Country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): George Vance Haga  
(Address): Reisterstown Rd Md

15 Filed: Apr. 7 - 1981 S. E. Tonello, M.D.  
Local Registrar

04306 STATE OF MARYLAND  
CERTIFICATE OF DEATH

159

Registration Dist. No. 34

St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 6<sup>th</sup>, 1931

April (Month) 6<sup>th</sup> (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 6<sup>th</sup>, 1931 to April 6<sup>th</sup>, 1931,

that I last saw him alive on April 6<sup>th</sup>, 1931,

and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH \* was as follows:

Premature Birth (6 mo)

not known

(Duration) yrs. mos. ds.

Contributory Secondary (Duration) yrs. mos. ds.

(Signed): John B. Drach M. D.

(Address): April 7<sup>th</sup>, 1931 Cockeysville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Dover U. S. Church Cemetery April 8<sup>th</sup>, 1931

DATE OF BURIAL

20 UNDERTAKER

George V. Haga (father) Reisterstown Md

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinier, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *scaphoid fracture*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1931

BUREAU V.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County BaltimoreVillage or City Mt. Zion (No.)

## 2 FULL NAME

James Wesley Harvey 3rd

74a

04307

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 34

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

male white married

6 DATE OF BIRTH

8 14, 1870  
(Month) (Day) (Year)

7 AGE

60 yrs. 8 mos. 6 ds. If LESS than  
1 day hrs. or min.

8 OCCUPATION

- (a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

lawyer  
Practic Lawyer9 BIRTHPLACE  
(State or country)Baltimore Md

PARENTS

10 NAME OF FATHER

James W. Harvey11 BIRTHPLACE OF FATHER  
(State or country)Baltimore Md

12 MAIDEN NAME OF MOTHER

Sardell Colby13 BIRTHPLACE OF MOTHER  
(State or country)Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth House P. pen(Address) Homewood Q.P.T.S.15 Filed Apr 8

1931

S. E. Fowler M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4 8, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from round body after, 192...that I last saw h alive death, 192...and that death occurred on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH \* was as follows:

Angra Pectoris

(Duration) 0 yrs. 0 mos. 0 days

Contributory Secondary

(Duration) yrs. mos. days

(Signed) D W. Reck M. D.4/8/1931 (Address) Hospitalized\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Green Mount Cemetery

20 UNDERTAKER

E. Madison Mitchell

DATE OF BURIAL

April 11, 1931

ADDRESS

1910 Easton Place

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *a. shopnemonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiacæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telaenias*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1931

BUREAU

## MARGIN RESERVED FOR BINDING

**M** WRITE PLAINLY, WITH UNFADEING INK--THIS IS A PERMANENT RECORD  
**N.B.**--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL CLAIMS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
 County Baltimore

Village or City Parkville (No. 121) Street or Sherwood Ave

2 FULL NAME Veronica Hettrich

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
---------------------	------------------------------	---

6 DATE OF BIRTH Apr 1

(Month) (Day) (Year)

7 AGE 59 yrs. 6 mos. 6 ds. If LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed or (employer) -

9 BIRTHPLACE  
(State or country) Md

10 NAME OF  
FATHER Franz Schuly

11 BIRTHPLACE  
OF FATHER  
(State or country) Germany

12 MAIDEN NAME  
OF MOTHER Sofia Michalek

13 BIRTHPLACE  
OF MOTHER  
(State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Hettrich

(Address) 121 Sherwood Ave

15 Filed Apr 9 1931 E E Michaels  
Registrar

04308

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 32

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 7th

(Month) Apr (Day) 7 (Year) 1931

17 I HEREBY CERTIFY, That I attended the deceased from October 29 1930 to April 7th, 1931, that I last saw her alive on April 7th, 1931,

and that death occurred on the date stated above, at 1045 P.M.. The CAUSE OF DEATH \* was as follows:

Chronic Myocarditis and  
acute aneurism

(Duration) 4 yrs. mos. ds.

Contributory  
Secondary

Bronchial Asthma

(Duration) 2 yrs. mos. ds.

(Signed) J. J. Nichols M. D.  
Apr 8 1931 (Address) Parkville Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL Bowden Park Cem

DATE OF BURIAL April 11, 1931

20 UNDERTAKER Franz J. Schuly

ADDRESS Parkville Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Intubation* (avoid use of "Grop"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *scars, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied  
 and should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact  
 statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Baltimore,

04309

STATE OF MARYLAND  
CERTIFICATE OF DEATH

(191) Registration Dist. No. 30

Village or City

Catonsville (No.)

Old Frederick

St. Ward

(If death occurred in  
 a hospital or institution,  
 give its NAME instead of street and  
 number.)

## 2 FULL NAME

Mary Catherine Hoffmire,

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)

Female white

widow

## 6 DATE OF BIRTH

Aug 25<sup>th</sup>, 1852  
(Month) (Day) (Year)

## 7 AGE

78 yrs. 7 mos. 8 ds. or min. ?

If LESS than  
1 day....hrs.  
1 day....hrs.

## 8 OCCUPATION

(a) Trade, profession or  
 particular kind of work.(b) General nature of industry  
 business, or establishment in  
 which employed or (employer).....

house work

## 9 BIRTHPLACE

(State or country)

Catonsville, Md.

## PARENTS

## 10 NAME OF FATHER

John Kaiser

## 11 BIRTHPLACE OF FATHER

(State or country)

Germany

## 12 MAIDEN NAME OF MOTHER

Bettina Blaum

## 13 BIRTHPLACE OF MOTHER

(State or country)

Germany

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Henry C. Hoffmire

(Address)

Catonsville Md.

## 15

Filed

Apr 3

1981 P.L. Mattielet

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 2<sup>nd</sup>, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
 March 20<sup>th</sup>, 1923, to April 2<sup>nd</sup>, 1931,that I last saw her alive on April 2<sup>nd</sup>, 1931,  
 and that death occurred on the date stated above, at 10 a.m.

The CAUSE OF DEATH was as follows:

Ob. Int septic

(Duration) 1 yrs. 0 mos. 0 da.

Contributory  
Secondary

Ob Bronch pneumonia

(Duration) 1 yrs. 0 mos. 1 da.

(Signed)

4/3/31 192... (Address) D.C. M.D.

\*State the Disease Causing Death, or, in deaths from  
 Violent Causes, state (1) Means of Injury and (2) whether  
 Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. da.

In the State, yrs. mos. da.

Where was disease contracted,  
 if not at place of death?Former or  
 usual residence

## 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

New Cathedral Cemetery 4/6/1931

## 20 UNDERTAKER

## ADDRESS

John Howard &amp; Son. 4012 Hollins

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery salesman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Pinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "*Labo-er*," "*Foreman*," "*Dealer*," etc., without more precise specification as *Day laborer*, *Farm laborer*, *La-borer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer*, (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Placement of cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid bacillus"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

"unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of .... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemic*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1901  
BUREAU OF THE CENSUS

M  
N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County

Baltimore

64310

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

53

Village or City

Catoonsville Spring Grove Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Philip Cook

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)

widow

6 DATE OF BIRTH

Apr 5, 1865  
(Month) (Day) (Year)

7 AGE

66 yrs. 0 mos. 12 ds. or min?

If LESS than  
1 day hrs.  
or min?

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

Laborer

9 BIRTHPLACE

(State or country)

Bavaria

10 NAME OF FATHER

John Cook

15 Filed

4/18/31 Almonson

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 18, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Mar 13, 1931 to Apr 18, 1931  
that I last saw him alive on Apr 17, 1931  
and that death occurred on the date stated above, at 5:30 A.M.  
The CAUSE OF DEATH \* was as follows:

Sarcoma of Parotid

(Duration) yrs. 6 mos. ds.

Toxic Condition

(Duration) yrs. 7 mos. 7 ds.

(Signed) John E. Garrett M.D.  
Apr 18, 1931 (Address) Catoonsville Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death yrs. 1 mos. 4 ds. In the State 30 yrs. 1 mos.

Where was disease contracted, if not at place of death, in Baltimore

Former or usual residence Baltimore

19 PLACE OF BURIAL OR REMOVAL London Park DATE OF BURIAL 4/20/31

20 UNDERTAKER Harry Edwards

ADDRESS 4691 Edmonds

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term enough, the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirer, (b) Cotton mill, (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer Retired 6 yrs.* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

MAY 5 1931

BUREAU V. S.

as fracture of skull, and consequences (e. g., *sensitiveness*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

Village or City Towson (No.)

2 FULL NAME AUGUSTA HULDA HOTZ

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  Married
6 DATE OF BIRTH June 5th, 1872 (Month) (Day) (Year)		
7 AGE 58 yrs. 10 mos. 11 ds. If LESS than 1 day hrs. or min?		

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Germany

10 NAME OF FATHER August Schulke

11 BIRTHPLACE OF FATHER  
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER  
(State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Thomas F. Hotz

(Address) Fullerton, Md.

15 Filed 4/17 1931 A. M. Bacon  
Registrar

04311

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 16th, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 15, 1929, to April 16, 1931, that I last saw her alive on April 16, 1931,

and that death occurred on the date stated above, at 2:20 P.M.  
The CAUSE OF DEATH \* was as follows:

Acute tubular heart disease

(Duration) 2 yrs. mos. ds.

Contributory Secondary

Pulmonary oedema

(Duration) 3 yrs. mos. 2 ds.

(Signed) A. M. Bacon M. D.

Apr 16, 1931 (Address) Maple Ave., Belair Rd.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Parcwood Cemetery

## 20 UNDERTAKER

Frederick Lassahn & Son

## DATE OF BURIAL

April 20, 1931

## ADDRESS

7401 Belair Rd.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid pneumonia*, *Bronchopneumonia ("Pneumonia, Lobar pneumonia, Bronchopneumonia ("Pneumonia,*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1931

BUKE

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County Baltimore

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

04312

Village or City Owings Mills (No.)

## 2 FULL NAME

Alexander Johnson

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
	White	Single

## 6 DATE OF BIRTH

Dec 15, 1915  
(Month) (Day) (Year)

## 7 AGE

15 yrs. 4 mos. 1 If LESS than  
1 day hrs.  
ds. or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
Inmate  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)  
Rosewood State Train-  
ing School, Owings Mills  
Tired

9 BIRTHPLACE  
(State or country)

Maryland

10 NAME OF  
FATHER

Robert Johnson

11 BIRTHPLACE  
OF FATHER  
(State or country)

Maryland

12 MAIDEN NAME  
OF MOTHER

Emma Nash

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Institutional Records  
(Address) Rosewood State Training  
School, Owings Mills, Md.

15 Filed April 6, 1931 H. M. Slade  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 16, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
March 11, 1931 to April 16, 1931,  
that I last saw him alive on April 15, 1931,  
and that death occurred on the date stated above, at 12:20 a.m.  
The CAUSE OF DEATH \* was as follows:

Pulmonary Tuberculosis  
(& an advanced active)

(Duration) Unknown (mos.)

Contributory  
Secondary

(Duration) - - - (yrs. mos. ds.)

(Signed) George C. Nedraey M. D.  
April 16, 1931. (Address) Owings Mills, Md.

\*State the disease causing death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place 9 yrs. 9 mos. 8 ds. In the State 15 yrs. 4 mos. 1 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Baltimore, Md.

## 19 PLACE OF BURIAL OR REMOVAL

Granite Md. DATE OF BURIAL Apr. 18, 1931

## 20 UNDERTAKER

Peer & Son ADDRESS Sykesville

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

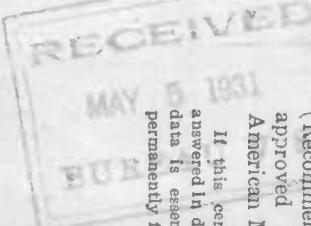
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictalus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

04313

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

Village or City Ruxton (No.)

Berwick Avenue

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frederick V. L. Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

## 6 DATE OF BIRTH

December 16, 1857  
(Month) (Day) (Year)

## 7 AGE

73 yrs. 4 mos. 9 ds. or min.

(If LESS than  
1 day hrs.  
or min.)

## 8 OCCUPATION

(a) Trade, profession or particular kind of work..... None  
 (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE  
(State or country)

New Jersey

## 10 NAME OF FATHER

Henry W. F. Jones

11 BIRTHPLACE OF FATHER  
(State or country)

unknown

## 12 MAIDEN NAME OF MOTHER

Laura M. Van Arsdale

13 BIRTHPLACE OF MOTHER  
(State or country)

Bound Brook, N. J.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence H. Taliaferro

(Address) 312 W. Chesapeake Avenue

15 Filed April 25, 1931 Mr. P. G. Lester  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 25<sup>th</sup>, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 28<sup>th</sup>, 1931, to April 25, 1931,

that I last saw him alive on April 25, 1931,

and that death occurred on the date stated above, at \_\_\_\_\_.  
The CAUSE OF DEATH \* was as follows:

Myocardial Sufficiency

Contributory Cause  
Secondary  
Pulmonary Disease  
(Duration) yrs. mos. ds.

Pulmonary Disease  
(Duration) yrs. mos. ds.

(Signed) Daniel of St. Thomas M. D.  
April 26, 1931. (Address) Tanton, N. J.

\*State the disease causing death, or, in deaths from violent causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Plainfield, N. J.

DATE OF BURIAL  
4/28, 1931

## 20 UNDERTAKER

Henry W. Mears, 805 N. Calvert  
ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

April 25

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmairid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Tepidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

unqualified, is indefinite); *Tuberculosis* of lungs, *meninges*, *Peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatologic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 7

1931

B

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <u>Baltimore</u>		64314 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City <u>Catonsville</u> (No. <u>408</u> )	Registration Dist. No. <u>30</u>	Ward _____
2 FULL NAME <u>Mrs. Virginia Keane</u>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>January 20, 1853</u> (Month) (Day) (Year)		
7 AGE <u>78 yrs. 2 mos. 11 ds.</u>	If less than 1 day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry business, or establishment in which employed or (employer) _____		
9 BIRTHPLACE (State or country) <u>Carroll Co. Md.</u>		
10 NAME OF FATHER <u>Henry Bankert.</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Ind.</u>		
12 MAIDEN NAME OF MOTHER <u>Mary Jane Heid</u>		
13 BIRTHPLACE OF MOTHER (State or Country) <u>Ind.</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>William G. Buff.</u> (Address) <u>1 East Maple Av.</u>		
15 Filed <u>4/2 1931</u>	Registrar <u>George L. Schwab.</u>	DATE OF BURIAL <u>April 3, 1931</u>
If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		
MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH <u>April 1st, 1931</u> (Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended the deceased from <u>Mar 24, 1931</u> to <u>Apr 1st, 1931</u> , that I last saw her alive on <u>Mar 31, 1931</u> , and that death occurred on the date stated above, at <u>3 a.m.</u> The CAUSE OF DEATH * was as follows: <u>Globus Pneumonia</u>		
* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death <u>3 yrs. 0 mos. 0 ds.</u> In the State <u>3 yrs. 0 mos. 0 ds.</u> Where was disease contracted, if not at place of death? _____		
Former or usual residence _____		
19 PLACE OF BURIAL OR REMOVAL <u>Salem Cemetery</u>		
20 UNDERTAKER <u>George L. Schwab.</u>		
ADDRESS <u>111 Frederick Ave.</u>		

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *periosteum*, etc. *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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M

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

W

## 1 PLACE OF DEATH

County Baltimore

64315

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 42

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Village or City Halethorpe

## 2 FULL NAME

James Henry Kelly.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)MalewhiteMarried

6 DATE OF BIRTH

Apr 15, 1877

(Month) (Day) (Year)

7 AGE

53 yra. 11 moa. 30 da. or. min?If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Pipe FitterB.Y.R.R.9 BIRTHPLACE  
(State or country)Ellicott City, Md.10 NAME OF  
FATHERThomas J. Kelly.11 BIRTHPLACE  
OF FATHERMd12 MAIDEN NAME  
OF MOTHERSusan Woods13 BIRTHPLACE  
OF MOTHERMd.

(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie B. Kelly.(Address) Halethorpe, Md.

15 Filed

April 16, 1923

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 14, 1923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Apr 4, 1923 to Apr 14, 1923.that I last saw him alive on Apr 14, 1923,and that death occurred on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH \* was as follows:

Myocarditis chronic.  
Mitral valve suff.

(Duration) yrs. mos. ds.

Contributory Chronic Parenchymatous  
SecondaryNephritis (Duration) 1 yrs. mos. ds.(Signed) D.B. Brumley, M.D. (Address) Elkridge

april 14, 1923

\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Loudon Park DATE OF BURIAL 4/17/2320 UNDERTAKER ADDRESS Fredrick A. Old Combs

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE, causative DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*; (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Tuberculosis*, *Bronchopneumonia* ("Pneumonia"); *Lob.*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERERAL septicemia," "PUERERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Reckless wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

04316

## 1. PLACE OF DEATH

County Baltimore

23

Registration Dist. No.

98

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Minnie Kerr

(a) Residence: No. Belair, Md.

St. Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee A. Kerr		
6. DATE OF BIRTH (month, day, and year) May 29, 1883		
7. AGE 97	Years 11	Months 21 Days
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year) November		
11. Total time (years) spent in this occupation unknown		
12. BIRTHPLACE (city or town) America (State or country)		

13. NAME William A. Elly
14. BIRTHPLACE (city or town) Mongolian (State or country)
15. MAIDEN NAME Wa Wright
16. BIRTHPLACE (city or town) Mongolian (State or country)

Hospital Records--Personal History  
 17. INFORMANT (Address) EUDOWOOD SANATORIUM, TOWSON, MD.

18. BURIAL, CREMATION OR REMOVAL Place St. Ignatius Date Apr. 22, 1931

19. UNDERTAKER Horuleger Corp. (Address) Belair, Maryland

20. FILED April 21, 1931 W. P. Custer (Signed) Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH April 20, 1931

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

May 23, 1931, to April 20, 1931.

I last saw her alive on April 20, 1931; death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tubercular

Date of onset

Star

1930

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? X-ray, Sputum Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury....., 19.....

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. A. Bridges M. D.

(Address) Eudowood San., Towson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	MAY 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 1, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

M  
N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64317

## 1. PLACE OF DEATH

County Baltimore  
Village or City Glen Arm

(13)

Registration Dist. No. 140

No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs.

mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. \_\_\_\_\_

Harford Road St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Jane Kirkendall6. DATE OF BIRTH (month, day, and year) Apr. 9, 1883

7. AGE Years <u>48</u>	Months <u>0</u>	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shingler9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Stoners10. Date deceased last worked at this occupation (month and year) Sept. 1930 11. Total time (years) spent in this occupation 10 yrs12. BIRTHPLACE (city or town)  
(State or country) Carney, Md13. NAME Albert D Kirkendall14. BIRTHPLACE (city or town)  
(State or country) Baltimore, Md15. MAIDEN NAME Emma Johnson16. BIRTHPLACE (city or town)  
(State or country) Ga17. INFORMANT Jane Kirkendall  
(Address) Glen Arm, Md18. BURIAL, CREMATION, OR REMOVAL  
Place Hiss Cem. Date May 1, 193119. UNDERTAKER William Cook  
(Address) Baltimore, Md20. FILED Apr. 21, 1931  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 28  
(Month) 1931 (Year)22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1931 to April 28, 1931I last saw him alive on April 28, 1931; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Bronchitis with definite history of liver  
Date of onset unknown

Other Contributory Causes of Importance:

Myocardial insufficiency  
Date of 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Eye & Syphilis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Edward Benson M. D.  
(Address) 1 W. Overlea Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 8 1921	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County Balts.

Village or City Back River Neck (No.)

## 2 FULL NAME

Henry K. Kunkle

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDMarried  
(Write the word)

6 DATE OF BIRTH

Dec. 2

(Month) (Day)

1890  
(Year)

7 AGE

40

yrs. 4 mos. 21 ds.

If LESS than  
1 day hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of workMilkman(b) General nature of industry  
business, or establishment in  
which employed or (employer)S. & W. Pac. Co.

## 9 BIRTHPLACE

(State or country)

Balts. Md.

## 10 NAME OF FATHER

Thomas J. Kunkle

## 11 BIRTHPLACE OF FATHER

(State or country)

Bohemia

## 12 MAIDEN NAME OF MOTHER

Margaret Schultz

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Bohemia

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frederick Paul(Address) Hemmers Run15 Filed 4/24/1931 John G. Cormelly  
Registrar

04318

304

956

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

44

St. \_\_\_\_\_ Ward)

(If death occurred in  
a hospital or institu-  
tion, give its NAME in  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 23, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to ... 192...

that I last saw h alive on ... 192...

and that death occurred on the date stated above, at ... m.

The CAUSE OF DEATH \* was as follows:

Acute Cardiac Failure  
(Dr. J. F. Flite, Esq.)

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Jacob Hallinan Corcoran M. D.  
192... (Address) Hemmers Run\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted,  
if not at place of dea.h?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Oak Lawn

## DATE OF BURIAL

4/26, 1931

## 20 UNDERTAKER

John F. Flite & Sons

## ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

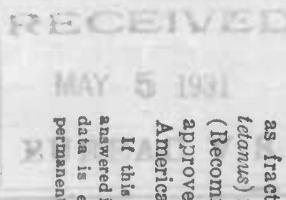
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County. Balto

Village or City Edgemere (No. Ruth Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME WALENTA LACHHACZYK

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (Write the word)
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## 6 DATE OF BIRTH

Jan 5, 1865  
(Month) (Day) (Year)

## 7 AGE

66 yrs. 3 mos. 17 ds. If LESS than  
1 day hrs.  
or min?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

farmer

farm

9 BIRTHPLACE  
(State or country)

Poland

## 10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER  
(State or country)

Poland

## 12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER  
(State or Country)

Poland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar Lacey  
(Address) Ruth Ave Edgemere Md.

15 Filed April 22, 1931 H. G. Connolly  
Registrar

4310  
43c

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 22, 1931

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

192 to 192,  
that I last saw him alive on April 22, 1931,

and that death occurred on the date stated above, at 12:20 A.M.

The CAUSE OF DEATH \* was as follows:

Chronic Myocarditis  
Acute cardiac syncope

Sudden (Duration) yrs. mos. da.

Contributory Secondary Atherosclerosis

(Duration) yrs. mos. da.

(Signed) J. N. Teller M. D.

H-22 1931 (Address) Sparsous Pt. Rd.

\*State the disease causing death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place Unknown In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Holy Rosary Cemetery Apr 25, 1931

## 20 UNDERTAKER ADDRESS

Albert L. Hiltz Jr 1606 1/2 Chester St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic intestinal nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptoms), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

M  
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County... Baltimore

04320

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

Village or City

Catonsville Spring Grove Hospital Ward Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Charles E Legare

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

June 12, 1855  
(Month) June (Day) 12 (Year) 1855

7 AGE

75 yrs. 10 mos. 3 ds. or min. If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Painter  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country) Ind10 NAME OF  
FATHERWm Legare11 BIRTHPLACE  
OF FATHER(State or country) Ind12 MAIDEN NAME  
OF MOTHERCaroline Martin13 BIRTHPLACE  
OF MOTHER(State or Country) Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hermine Legare(Address) 627 McCabe Ave

15 Filed

4/16/31

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 16, 1931(Month) Apr (Day) 16 (Year) 1931

17 I HEREBY CERTIFY, That I attended the deceased from

Jan 7, 1931 to Apr 16, 1931,that I last saw him alive on Apr 15, 1931,and that death occurred on the date stated above, at 7:45 A.M.

The CAUSE OF DEATH \* was as follows:

Metal Insufficiency(Duration) 3 mos. ds.Ch. Nephritis(Duration) 3 mos. ds.(Signed) Robert E Garrett M.D. (Address) Catonsville Md\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death Ind yrs. 75 mos. 10 ds. In the State Ind yrs. 75 mos. 10 ds.Where was disease contracted, if not at place of death? In BaltimoreFormer or usual residence 627 McCabe Ave Baltimore

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 4/18, 193120 UNDERTAKER Stampden ADDRESS John Cork

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAY 5 1931

## MARGIN RESERVED FOR BINDING

T  
q. S. No. 1

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  
County. Baltimore

Village or City Ruxton No. ....

2 FULL NAME Ella Lee

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>Col</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
----------------	----------------------------	---

6 DATE OF BIRTH Mch 17  
(Month) 1886  
(Day) 19  
(Year)

7 AGE 45 yrs. If LESS than  
1 mos. 1 day hrs.  
19 ds. or min.?

8 OCCUPATION Cook  
(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE Baltimore Co  
(State or country)

10 NAME OF FATHER James Downing

11 BIRTHPLACE OF FATHER Orad  
(State or country)

12 MAIDEN NAME OF MOTHER Margaret unknown

13 BIRTHPLACE OF MOTHER Ind  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Fletcher  
(Address) 2505 Edgely

(Address) 2505 Edgely

15 Filed April 28 1931 W. P. Fletcher  
Signature  
Registrat

04321

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 27, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,

that I last saw h alive on 192,

and that death occurred on the date stated above, at 12 1/2 P.M.

The CAUSE OF DEATH \* was as follows:

Cassonary thrombosis  
Malus dictionis animal judge  
Buller of peasant game function to move the body (Duration) 1 hr. (yrs) mos. ds.

Contributory Wm. P. Fletcher (Coroner)  
Secondary L. L. Lettach (Duration) yrs mos ds.

(Signed) L. L. Lettach (Address) Ruxton M. D. April 28 1931

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL W. Auburn DATE OF BURIAL April 30 1931

20 UNDERTAKER John W. Chase Jr. ADDRESS 638 N. Gilmore

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia",

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæma," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. J. the data is essential and must be obtained before the certificate is apparently filed.

RECEIVED  
MAY 7 1931

BUREAU

M

MARGIN RESERVED FOR BINDING

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**  
County Baltimore

Village or City Catonsville (No. Kenwood Avenue

04322 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** William Henry Lilley

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)</b>
Male	White	Married

**6 DATE OF BIRTH**

June 17, 1849  
(Month) (Day) (Year)

<b>7 AGE</b>	81 yrs. 10 mos. 7 ds.	IF LESS than 1 day, hrs. OR min. ?
--------------	-----------------------	--

**8 OCCUPATION**  
 (a) Trade, profession, or  
particular kind of work None  
 (b) General nature of industry  
business, or establishment in  
which employed (or employer)

**9 BIRTHPLACE**  
(State or country) Baltimore County  
Maryland

**10 NAME OF FATHER** Jack Lilley

**11 BIRTHPLACE OF FATHER**  
(State or country) Baltimore County  
Maryland

**12 MAIDEN NAME OF MOTHER** Clarissa Hamilton

**13 BIRTHPLACE OF MOTHER**  
(State or country) Baltimore County  
Maryland

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Miss Gertrude Schulze

(Address) Kenwood Ave., Catonsville, Md.

15

Filed

4/25/51

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** April 24, 1951  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from face 4, 1951, to April 7 3rd, 1951, that I last saw him alive on April 7 3rd, 1951, and that death occurred on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH \* was as follows:

Chronic Neplritis

..... (Duration) 7 yrs. mos. ds.  
Contributory Arteriosclerosis -  
Secondary

(Signed) E Kelly Henning (Address) 2000 Hollins St.  
4/24, 1951 (Date)

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death ..... yrs. ..... mos. ..... ds. In the Stats. ..... yrs. ..... mos. ..... ds.

Where was disease contracted,

If not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL**

Savage, Md.

**DATE OF BURIAL**

Apr. 26, 1951

**20 UNDERTAKER**

Joe B. Cook

**ADDRESS**

1003 West Baltimore St.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

**See, peritoneum, etc., Cervix, Sarcoma, etc., of . . . . .**  
("name origin"; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
MAY 5 1931  
BUREAU U.S.

## MARGIN RESERVED FOR BINDING

W<sup>T</sup>E<sup>R</sup> PL<sup>A</sup>Y, W<sup>T</sup>H UNFADING INK---THIS IS A PERMANENT RECORD  
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Morriston (No. ....)

2 FULL NAME Franklin Walter Machaud Jr

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
-------------------	------------------------------	--

6 DATE OF BIRTH  
3 1, 1931  
(Month) (Day) (Year)

7 AGE  
yrs. .... mos. .... 5 ds. or min. ?  
If LESS than  
1 day..... hrs. ....

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) None

9 BIRTHPLACE  
(State or country) Morriston Md

10 NAME OF  
FATHER Frank R. Machaud

11 BIRTHPLACE  
OF FATHER  
(State or country) Baltimore Md

12 MAIDEN NAME  
OF MOTHER Bethy Riley

13 BIRTHPLACE  
OF MOTHER  
(State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Machaud  
(Address) Morriston Md

15 Filed April 6 1931 Francis J. Blake  
Registrar

04323

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 91

St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
4 6, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
April 5 1931 to April 6, 1931,  
that I last saw him alive on April 5, 1931,  
and that death occurred on the date stated above, at 5 a.m.

The CAUSE OF DEATH \* was as follows:

malnutrition

(Duration) yrs. mos. ds.

Contributory Pneumonia, unspecified.  
Secondary No further information. C.W.G.  
(Duration) yrs. mos. ds.

(Signed) R. P. G. Glazier M. D.  
4-6 1931 (Address) Gaithersburg Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death, yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence.

19 PLACE OF BURIAL OR REMOVAL  
Glenwood Cemetery

DATE OF BURIAL

20 UNDERTAKER  
F. C. Burns & Sons

ADDRESS

Gaithersburg Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery salesman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmamid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Other pneumonia*, *Bronchopneumonia* ("Pneumonic,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*, *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mumps* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sciatic*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A like date is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

**(1)** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County.....

Baltimore

04334

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 37

Village or City Corkelt (No.)

157-C

2 FULL NAME Emma Marie Matthews

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

April 21, 1931  
(Month) (Day) (Year)

7 AGE

yrs. mos. 21 ds. or min.?

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

asylum

9 BIRTHPLACE

(State or country)

Md

10 NAME OF FATHER

Geo W Matthews

11 BIRTHPLACE OF FATHER

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Bertha Miller

13 BIRTHPLACE OF MOTHER

(State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Bertha Matthews

(Address)

Corkelt

15 Filed

April 22 1931 B R Beaufort  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 22, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

April 21, 1931 to April 22, 1931

that I last saw him alive on April 22, 1931, and that death occurred on the day stated above, at 11 P.M.

The CAUSE OF DEATH \* was as follows:

Congenital Heart Disease

(Duration) yrs. mos. 2 ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) B R Beaufort M. D.

April 22, 1931 (Address) Corkeltsville Md

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

Herford Cemetery

20 UNDERTAKER

W C Brooks

DATE OF BURIAL

April 23, 1931

ADDRESS

Spalding Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleeman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Sehile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(C) MARGIN RESERVED FOR BINDING  
M  
WITH UNFADING INK--THIS IS A PERMANENT RECORD

T. No. 1

N. B.--Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Balto Co

04325 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Village or City Idlewylde (No. 806)

Registration Dist. No. 08

2 FULL NAME Muriel Barnes McCullen

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Single

6 DATE OF BIRTH

June 17, 1930  
(Month) (Day) (Year)

7 AGE

X yrs. 9 mos. 16 da. IF LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work none  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) Broadcloth

9 BIRTHPLACE  
(State or country) Balto Md.

10 NAME OF  
FATHER Waldon McCullen

11 BIRTHPLACE  
OF FATHER  
(State or country) Md.

12 MAIDEN NAME  
OF MOTHER Laura Fuller

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura Fuller

(Address) 806 Forrest Ave

15 Filed Apr 4 1931 By P. Butler  
sep Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 3/31, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Feb 15/31 to Apr. 3/31, 1931,  
that I last saw her alive on Apr 3/31, 1931,  
and that death occurred on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH \* was as follows:  
Broadcloth-Pneumonia

(Duration) yrs. mos. da. 18

Contributory  
Secondary

Broadcloth

(Duration) yrs. mos. da. 1

(Signed) George George M.D.  
4/18/31 (Address) 4018 25th St.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL Balti. Cem.

20 UNDERTAKER Philip Herring

DATE OF BURIAL Apr 31, 1931

ADDRESS 2016 Orleans St

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAY 7 1931

BU

RECORDED  
PERMANENTLY FILED

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*; *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

This certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICAL CONDITION OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Co  
HEALTH DEPARTMENT CITY OF BALTIMORE

04326

## CERTIFICATE OF DEATH (130)

REGISTERED NO. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Edmondson Ridge St., WARD)

2—FULL NAME Death. Mealey

## (a) RESIDENCE NO. 3410 Piedmont St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Arthur B. Mealey (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Aug 10-1895

7 AGE 35 Years 35 Months 8 Days 19 If LESS than 1 day...hrs. or...min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work File Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Md (State or country)

## 10 NAME OF FATHER

Marshall Harding

## 11 BIRTHPLACE OF FATHER (city or town)

(State or country) Frederick Md

## 12 MAIDEN NAME OF MOTHER

Clara L. Harding

## 13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Frederick Md

14 Informant Clara L. Harding  
(Address) 3410 Piedmont Ave

15 Filed By Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29-31

17

I HEREBY CERTIFY, That I attended deceased from 4-26-31, 19..., to 4-29-31, 19...,

that I last saw h. m alive on 4-29-31, 19...

and that death occurred, on the date stated above, at 60 m.

The CAUSE OF DEATH\* was as follows:

Hypertension acute  
HypertensionCONTRIBUTORY (Secondary) (duration) yrs. 2<sup>1</sup>/<sub>2</sub> mos. ds.

Contributory (Secondary) (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. George O'Neil, M. D.

4/30/31 (Address) 400 N Gay

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mount Clare Frederick Md May 2 1931

20 UNDERTAKER

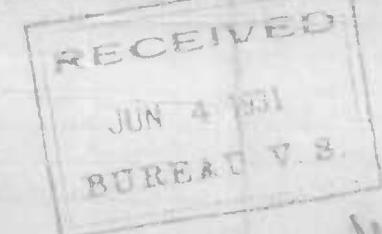
Mr. &amp; Mrs. Chas. C. Clark 2512 William St.

MAY 1 1931

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., "Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman," etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.



"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic voluntary heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intermediate) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN

289

DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc.; Carcinoma, Sarcoma, etc., of . . . . (name origin

**M** - Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH County <u>Baltimore</u>		0432	
Village or City <u>Phoenix</u> (No.)		92a	
2 FULL NAME <u>Gulisima Memann McNamee</u>		St. _____	Ward) _____
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	6 DATE OF BIRTH <u>May 5, 1855</u> (Month) (Day) (Year)
7 AGE <u>75 yrs. 11 mos. 22 ds. or 3 min.</u>	If LESS than 1 day..... hrs. or..... min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>	(b) General nature of industry business, or establishment in which employed or (employer) <u></u>		
9 BIRTHPLACE (State or country) <u>Balto Co., Md.</u>	10 NAME OF FATHER <u>Elijah Price</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Balto Co., Md.</u>	12 MAIDEN NAME OF MOTHER <u>Sarah Mott</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Balto Co., Md.</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Miss Ada McNamee</u> (Address) <u>Phoenix, Md.</u>		
15 Filed <u>Apr 28 1931</u>	Francis J. Blake Registrar		

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 10 39St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
4 27, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Sept 1930 to April 27, 1931,  
that I last saw her alive on April 25, 1931,  
and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH \* was as follows:

Valvular Heart Disease(Duration) 3 yrs. mns. ds.Contributory  
SecondaryCroaker consumption(Duration) 3 yrs. 3 mns. 3 ds.

(Signed) R. B. Shumanian M. D.  
4-28-1931 (Address) Sparks, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)At place of death yrs. mns. ds. In the State yrs. mns. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence.

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER  
Jessops Cem.  
Wm. C. Brooks & Son

DATE OF BURIAL

ADDRESS  
Sparks, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Gardener*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Other pneumonia*. *Bronchopneumonia* ("Pneumonia")

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma*, etc., of use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Aatrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. L. It is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
4 1931

BUREAU

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04328

## 1. PLACE OF DEATH

County Baltimore  
Village or City Essex

Length of residence in city or town where death occurred 10 yrs.

303

54d

Registration Dist. No. 44

44

St., Ward

No. Norsey Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.2. FULL NAME Welman M. Mitchell(a) Residence: ND. Norsey Ave. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb. 22, 19217. AGE Years 10 Months 2 Days — If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEKEEPER, etc. Schoolgirl  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)  
(State or country) Baltimore, md.13. NAME Harry L. Mitchell14. BIRTHPLACE (city or town)  
(State or country) Baltimore, md.15. MAIDEN NAME Rose M. Beneke16. BIRTHPLACE (city or town)  
(State or country) Baltimore, md.17. INFORMANT Harry L. Mitchell  
(Address) Norsey Ave. Essex18. BURIAL, CREMATION, OR REMOVAL  
Place Oak Lawn Date 4/23/3119. UNDERTAKER John G. Connally  
(Address) Essex, md.20. FILED 4/22/31 John G. Connally  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 20(Month) April (Day) 20 (Year) 1931

22. I HEREBY CERTIFY. That I attended deceased from

Feb. 15, 1931, to Apr. 20, 1931; death is saidto have occurred on the date stated above, at 6 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Glioma of Cerebellum

Date of onset

June 1930

## Other Contributory Causes of Importance:

Name of operation Exploratory Craniotomy Date of Jan 9, 1931What test confirmed diagnosis? Biopsy & question Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. J. White

M. D.

(Address) Essex Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SURGICAL	July 5, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

M. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

298

44329

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

Village or City Poplars (No.)

(946)

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Anna Miller

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

N5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)MARRIED

6 DATE OF BIRTH

May 11, 1870  
(Month) (Day) (Year)

7 AGE

60 yrs. 10 mos. 20 ds.If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Sawyer

9 BIRTHPLACE

(State or country)

10 NAME OF  
FATHEREdwin H. Miller11 BIRTHPLACE  
OF FATHER

(State or country)

12 MAIDEN NAME  
OF MOTHERElizabeth Sister13 BIRTHPLACE  
OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Barbara

(Address)

112 Queen St.

15 Filed

April 1st 1931John G. Connelly

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 1, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192 . to . 192 .

that I last saw h alive on . 192 .

and that death occurred on the date stated above, at . 1:30 p.m.

The CAUSE OF DEATH \* was as follows:

Ecavolitis  
Coronaryclerosis  
Sudden

(Duration) yrs. mos. ds.

Myocardial weakness  
constrictive pericarditis

(Duration) yrs. mos. ds.

(Signed) Orville M. D.(Address) Orville M. D.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Millville N.J.

DATE OF BURIAL

April 1, 1931

20 UNDERTAKER

Fred Laschinski Son

ADDRESS

7901 Baker Rd.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "Senile," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 15 1931

15  
1931  
RECOMMENDED  
by Committee on Nomenclature of the  
American Medical Association.)



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Teacher," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Nanny*, *Cook*, *Hausmied*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *Note*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Other pneumonia*. *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc. of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Muscle*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1931

BUHLER

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04331

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore  
 Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. 23  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 8

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Robert Edward Moran

(a) Residence: No. 1300 Abing Rd St. Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
 HUSBAND of (or) WIFE of Lydia Moran

6. DATE OF BIRTH (month, day, and year) July 3, 1896  
 7. AGE 34 Years Months 9 Days 9 If LESS than  
 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shipping Clerk  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year) December 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) New York City  
 (State or country)

MOTHER FATHER  
 13. NAME Lydia Moran  
 14. BIRTHPLACE (city or town) Ireland

15. MAIDEN NAME Anna Furr  
 16. BIRTHPLACE (city or town) Ireland

Hospital Records--Personal History  
 17. INFORMANT EUDOWOOD SANATORIUM, TOWSON, MD.  
 (Address)

18. BURIAL, CREMATION, OR REMOVAL  
 Place Arlington Va Date April 14, 1931

19. UNDERTAKER Harry J. Wilkes  
 (Address) 7101 Glen Oden Dr

20. FILED April 13, 1931 H. P. Burke  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH April 12, 1931

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

February 6, 1931, to April 12, 1931.

I last saw him alive on April 12, 1931; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis  
 Date of onset April 12, 1931

Other Contributory Causes of importance:

Name of operation Thoracotomy Date of

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19-

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Brinker  
 (Address) Eudowood San. Towson, Md. M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore Co

04332

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3Village or City Towson (No.)2 FULL NAME W. Herbert Moreton

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
<u>Male</u>	<u>White</u>	<u>Married</u>

6 DATE OF BIRTH  
Feb. 7, 1881  
(Month) (Day) (Year)

7 AGE  
50 yrs. 1 mos. 24 ds. If LESS than  
or min.? 1 day ... hrs.

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work  
Theater  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) for B.F. Decker.

9 BIRTHPLACE  
(State or country) Maryland.

10 NAME OF  
FATHER William Moreton

11 BIRTHPLACE  
OF FATHER  
(State or country) Unknown

12 MAIDEN NAME  
OF MOTHER Josephine Howard.

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Maryland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) François Gray Hebaugh,  
(Address) Towson

15 Filed April 7, 1921 W. P. Brister  
Signature  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr. 4, 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192...that I last saw h alive on 192...and that death occurred on the date stated above, at 192...  
The CAUSE OF DEATH \* was as follows:

Accidental  
Struck by Automobile  
Fractured Skewer

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.  
(Signed) B. F. Brister M. D.

Apr. 6, 1921 (Address) Towson Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death yrs. mos. ds. In the  
State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Poplar M. R. Cem. DATE OF BURIAL  
April 7, 1921

20 UNDERTAKER

John Burns Sons ADDRESS  
Towson

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

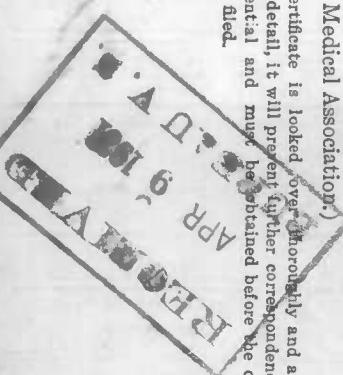
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirerer, (b) Cotton mill; (a) Salesman, (b) Grocery, (c) Foreman, (d) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

04333

## MARGIN RESERVED FOR BINDING

**N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore  
Village or City Sandy Beach

183

Registration Dist. No.

44

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: Md.

William L Mosby

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Marry5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofCarrie L Mosby

6. DATE OF BIRTH (month, day, end year)

Jan. 17 18987. AGE  
Years      Months      Days  
33      03      6If LESS than  
1 day,      hrs.  
or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation  
Chamfem12. BIRTHPLACE (city or town)  
(State or country)West Point Pa13. NAME  
John L Mosby14. BIRTHPLACE (city or town)  
(State or country)Pa15. MAIDEN NAME  
Maudie E Marshall16. BIRTHPLACE (city or town)  
(State or country)York Co Pa17. INFORMANT  
(Address)Sandy Beach Md18. BURIAL, CREMATION, OR REMOVAL  
Place Richmond Date May 5, 193119. UNDERTAKER  
(Address)William Cook Md20. FILED May 4, 1931 John J. Connelly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)23  
(Day), 1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

t last saw him in bed on May 4th, 1931; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:accident & drowning

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Inguinal Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 5, 1931Where did injury occur? Sandy Beach

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas R Brannan acting Coroner  
(Address) R 16 B 48 Sparrow St

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928	Other contributory causes of importance: Gastritis	1 year
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## MARGIN RESERVED FOR BINDING

U. S. No. 1

T

N. B.—Every item of information should be carefully supplied. AGE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County BaltimoreVillage or City Owings Mills (No.)

## 2 FULL NAME

Joseph Mueller

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

August 18, 1888  
(Month) (Day) (Year)

7 AGE

42 yrs. 8 mos. 6 ds. or min.?IF LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Inmate  
 (b) General nature of industry Rosewood State Training  
 business, or establishment in School  
 which employed or (employer) Owings Mills, Md

9 BIRTHPLACE  
(State or country)Baltimore, Md.10 NAME OF  
FATHERBernhard Mueller11 BIRTHPLACE  
OF FATHER

(State or country)

Germany12 MAIDEN NAME  
OF MOTHERAntoinette Mathaus13 BIRTHPLACE  
OF MOTHER

(State or Country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Institutional Records(Address) Rosewood State Training  
School, Owings Mills, Md.

15 Filed

Apr. 24 1923 / 18 re class

Registrar

04334

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33

(30)

Rosewood St.

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 24, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 31 1931 to April 24, 1931,  
 that I last saw him alive on April 24, 1931,  
 and that death occurred on the date stated above, at 10:55 A.M..  
 The CAUSE OF DEATH \* was as follows:

Acute Parenchymatous  
Neuroritis

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) George C. Murphy M.A. M.D.  
April 24, 1931 (Address) Owings Mills, Md.\*State the disease causing death, or, in death from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 26 yrs. 5 mos. 28 ds. In the State 42 yrs. 8 mos. 6 ds.Where was disease contracted, if not at place of death? At Place of DeathFormer or usual residence Baltimore, Md.19 PLACE OF BURIAL OR REMOVAL Holy RedeemerDATE OF BURIAL April 25, 193120 UNDERTAKER John ElliottADDRESS 2008 Orleans

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia";

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MAY 5 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic vascular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative health, fitness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebro-spinal meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia,"

RECEIVED  
MAY 4 1931  
BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc.* of use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic vascular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning, Struck by railway train—accident, Revolver wound of head—homicide, Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Off this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. The date is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

## PARENTS

HEALTH DEPARTMENT *County* OF BALTIMORE

04336

State of Md

## CERTIFICATE OF DEATH. (131)

## 1. PLACE OF DEATH

*County* OF BALTIMORE: *Myrtle Ave (English Council)* WARD

## 2. FULL NAME

*Mary C. Niederhauser*

## (a) RESIDENCE NO.

(Usual place of abode)

*Myrtle Ave (English Council)* ST.

## WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How Long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

## 5a If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

*Emil Niederhauser*

6 DATE OF BIRTH (month, day, and year)

*March 3rd 1873*

7 AGE	Years	Months	Days	If LESS than 1 day, ....hrs. or .....min.
58	1	23		

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

*Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

*At Home*

(c) Name of employer

*Salt*9 BIRTHPLACE (city or town)  
(State or country)*Baltimore*10 NAME OF FATHER *Henry Roth*

11 BIRTHPLACE OF FATHER (city or town)

*Germany*

12 MAIDEN NAME OF MOTHER

*Catherine Bruder*

13 BIRTHPLACE OF MOTHER (city or town)

*Germany*

14 Informant *Emil Niederhauser*  
(Address) *Myrtle Ave (English Council)*

15 Filed *April 28 1931*  
Registrar *Geo. J. Pfeffer*

REGISTERED NO. *452*  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

*April 26th 1931*

17

I HEREBY CERTIFY, That I attended deceased from *April 1, 1931*, to *April 26, 1931*, that I last saw her alive on *April 26, 1931*, and that death occurred, on the date stated above, at *8:00* m. The CAUSE OF DEATH\* was as follows:

*Chronic Nephritis*

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)*Cardiac Drapery*

(duration) yrs. mos. ds.

18 Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Richard D. Davis* M. D.(Address) *4777 32nd Street Baltimore MD*

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL  
*Loudon Park Cemetery*

DATE OF BURIAL  
*4/27/1931*

20 UNDERTAKER

*Wm Cook 1217 St Paul St*

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assoc.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal Mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Houselabor* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, **first** the disease causing death (the primary affection), with respect to, time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia") *Lobar pneumonia*; *Broncho-pneumonia* ("pneumonia," unqualified, is

indefinite); *Tuberculosis* ("the lungs, meninges, peritoneum, etc."); *Tarcoma*, *Sarcoma*, etc., of . . . (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant neoplasms); *Measles*; *Whooping cough*, *chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrphy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN

MAY 2 1951  
BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

1 PLACE OF DEATH  
County Ball or  
Village or City Delight (No.)

112 (112) 0433

2 FULL NAME William H. Niemeyer

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH May 14, 1870 (Month) (Day) (Year)

7 AGE 61 yrs. 11 mos. 22 ds. or min. If LESS than 1 day hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work Mechanical  
(b) General nature of industry business, or establishment in which employed or (employer) Engineer

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER John Niemeyer

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER M. Newbert

13 BIRTHPLACE OF MOTHER (State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Caroline Niemeyer  
(Address) Rustinston MD

15 Filed April 27, 1931. I. M. Slade - Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 33

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

M d

16 DATE OF DEATH April 26th, 1931 (Month) (Day) (Year)

17 WHEREBY CERTIFY, That I attended the deceased from Oct 1930 1930 to April 27th, 1931, that I last saw him alive on April 26th, 1931, and that death occurred on the date stated above, at Baltimore, MD. The CAUSE OF DEATH \* was as follows:

Acute Dilatation of Heart.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL David Ridge Cemetery April 28, 1931  
DATE OF BURIAL

20 UNDERTAKER J. E. Ehrlich & Son Rustinston ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Woman at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatologic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

305

168

04338 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 44

Village or City Holly Neck Stemmers Run

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George L. Nitzel

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
-------------------	------------------------------	---

6 DATE OF BIRTH

February 3<sup>rd</sup>, 1869  
(Month) (Day) (Year)

7 AGE

61 yrs. 2 mos. 26 ds. or min?

If LESS than  
1 day hrs.  
or min?

## OCCUPATION

- (a) Trade, profession or particular kind of work Carpenter
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Maryland10 NAME OF FATHER Samuel Nitzel11 BIRTHPLACE OF FATHER  
(State or country) Maryland12 MAIDEN NAME OF MOTHER Mary Dannerfels13 BIRTHPLACE OF MOTHER  
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Nitzel(Address) Middle River15 Filed 4/30/1925 Jlm G. Connelly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 27<sup>th</sup>, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...

that I last saw h alive on 192...

and that death occurred on the date stated above, at m.  
The CAUSE OF DEATH \* was as follows:Suicide by cutting  
throat with razor

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Jacob Hallman Coroner M. D.192... (Address) Stemmers Run\* State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where wss disease contracted,  
if not at place of deah?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Mount Carmel Cemetery May 1<sup>st</sup>, 1931  
DATE OF BURIAL

20 UNDERTAKER

Lilly & Zeiler Inc. ADDRESS  
4438. W. 30th St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleeman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAY 5 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, bedau*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## HEALTH DEPARTMENT—CITY OF BALTIMORE

04339

## CERTIFICATE OF DEATH (92-a)

## 1—PLACE OF DEATH

CITY OF BALTIMORE: (No.)

STREET

WARD

## REGISTERED NO. 38

## 2—FULL NAME

## (a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,  
or Divorced. (write the word)

5a If married, widowed, or divorced.

(HUSBAND or  
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than  
I day, hrs.  
or min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town)  
(State or country)

## 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)  
(State or country)

## 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)  
(State or country)

## 14

Informant  
(Address) 3332 Raymond Ave

## 15

Filed April 12, 1931  
W. J. Butler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12<sup>th</sup> 1931

17

HEREBY CERTIFY. That I attended deceased from  
March 31, 1931, to April 12<sup>th</sup>, 1931,  
that I last saw him alive on April 11<sup>th</sup>, 1931,  
and that death occurred, on the date stated above, at

The CAUSE OF DEATH\* was as follows:

Chronic Endocarditis  
mitral & aortic insufficiencyCONTRIBUTORY (Secondary) Demyelinating polyneuritis  
Heart (duration) yrs. mos. ds.18 Where was disease contracted  
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Florence M. Holzer, M. D.  
4/12, 1931 (Address) Towson, Md.\*State the Disease Causing Death, or in deaths from Violent Causes,  
state (1) Means and Nature of Injury, and (2) whether Accidental,  
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-  
MOVAL

## DATE OF BURIAL

## 20 UNDERTAKER

## ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known.

The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner,

(b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . (name origin

"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough;

Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or inter-

current) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.;

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility,"

("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uremia,"

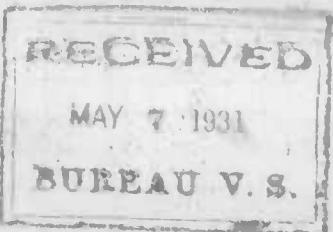
"Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide;

Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

04340

## 1. PLACE OF DEATH

County.....

Baltimore

23

Registration Dist. No. 38

Village or City.....

Lansdowne

Ward

Length of residence in city or town where death occurred

8 yrs.

mos.

ds. How long in U.S. If of foreign birth?

yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 112 W Susquehanna Ave

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male | 4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Minnie Pabst

6. DATE OF BIRTH (month, day, end year)

Sept 7, 1867

7. AGE

Years  
63Months  
3Days  
1If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

Painter  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Baltimore Md

13. NAME

George Pabst

14. BIRTHPLACE (city or town)

Germany

(State or country)

15. MAIDEN NAME

Catharine Moog

16. BIRTHPLACE (city or town)

Germany

(State or country)

17. INFORMANT

(Address)

Decedent

18. BURIAL, CREMATION, OR REMOVAL

Place: Oaklawn Cemetery Data: April 21, 1931

19. UNDERTAKER

George W. Girkler

(Address)

1737 E. 30th St

20. FILED

April 21, 1931

W. A. Butler

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)18  
(Day)1931  
(Year)

22. I HEREBY CERTIFY That I attended deceased from about December 1928 to April 18, 1931.

I last saw him alive on April 18, 1931; death is said to have occurred on the date stated above, at 11:5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis  
Tuberculosis  
since about 1904

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. A. Butler

(Address) Lansdowne Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 7 1921	Date of onset
Chronic interstitial nephritis	1921	
Cerebral hemorrhage	July 5, 1927	
BUREAU S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 1

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Baltimore

Village or City Granby (No.)

2 FULL NAME

Martha Jenny Putney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

7

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

widow

6 DATE OF BIRTH

Dec 22, 1849  
(Month) (Day) (Year)

7 AGE

81 yrs. 4 mos. 7 ds. or min.

If LESS than  
1 day hrs.  
ds. or min.

8 OCCUPATION

- (a) Trade, profession or particular kind of work none  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Ind

10 NAME OF FATHER

Wm G Transfield

11 BIRTHPLACE OF FATHER  
(State or country)

Ind

12 MAIDEN NAME OF MOTHER

Annie Timanous

13 BIRTHPLACE OF MOTHER  
(State or country)

Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

O C Putney

(Address)

Granby Ind

15 Filed

4/29/31

H. J. Shryock

Registrar

04341

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 31

(18)

St.: \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

16 DATE OF DEATH

Apr 29, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Apr 1, 1931 to Apr 29, 1931,

that I last saw her alive on Apr 29, 1931,

and that death occurred on the date stated above, at 8 P.M..  
The CAUSE OF DEATH \* was as follows:

Chr. Paronychymatous Reptile

(Duration) 2 yrs. mos. ds.

Contributory  
Secondary

Anemia

(Duration) 1 yrs. mos. ds.

(Signed) Harry J Shryock M. D.

Apr 29 1931 (Address) undertaker by

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death Ind yrs. mos. ds.

In the State Ind yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Ind Oliver County

DATE OF BURIAL

May 1, 1931

20 UNDERTAKER

Wray & Sons

ADDRESS

Sykesville, Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housenmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

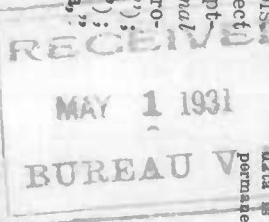
**Statement of Cause of Death**—Name, first, the primary disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Crush"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Chopraumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 1 1931

BUREAU





# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I RECEIVED

The principal cause of death and related causes of importance were as follows:

MAY 4 1931

	Date of onset		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago

Other contributory causes of importance:

		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset		Date of onset
		Attack of epilepsy	1 week ago
		Run over by street car	1 week ago
		Peritonitis	3 days ago

Other contributory causes of importance:

		Other contributory causes of importance:	
		Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County. Baltimore

04343

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 39Village or City Monkton (No. ....)

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dr. Richardson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE Black5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

July 6, 1892  
(Month) (Day) (Year)7 AGE 39yrs. 9 mos. 4 ds. or min?IF LESS than  
1 day..... hrs.  
or ..... min?

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....  
(b) General nature of industry business, or establishment in which employed or (employer) R.R. employee

9 BIRTHPLACE  
(State or country)New Orleans La.Charles Richardson10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHERNew Orleans LaAgnes Bradley13 BIRTHPLACE  
OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Bell(Address) Monkton Md

15

Filed April 10 1931 Francis H. Blake  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4 10, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from 4-10 1931 to 4-10, 1931,that I last saw him alive on 4-10 1931, found dead 4-10, 1931, and that death occurred on the date stated above, at New Orleans this man died from this man alive m.

The CAUSE OF DEATH \* was as follows:

Sudden death followed sudden heart disease

(Duration) yrs. mos. ds.

Contributory  
Secondary(Signed) H. H. Richardson (Duration) yrs. mos. ds. M. D.4-10 1931 (Address) Sparks Md\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Bellmore Md April 10 1931

20 UNDERTAKER

Samuel Hensley ADDRESS 517 S. Calle

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

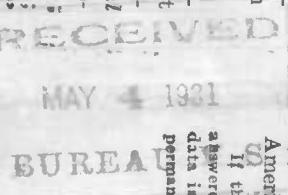
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Manager," "Treasurer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Other pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mumps*, *Whooping cough*, *Chronic valvular heart* disease, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Masles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock,", "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Worker wounded of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *seizis*, *ictus*) may be stated under the head of "contributory." Recommendations on statement of cause of death are approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A like data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Glyndon (No.)

2 FULL NAME Grace D. Royston

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married

6 DATE OF BIRTH

June 21, 1890  
(Month) (Day) (Year)

7 AGE

10 yrs. 10 mos. 7 ds. or min.?

IF LESS than  
1 day ... hrs.  
or ... min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work.
- (b) General nature of industry business, or establishment in which employed or (employer).

Housewife

9 BIRTHPLACE  
(State or country)

Baltimore, Md.

10 NAME OF  
FATHER

John T. Royston

11 BIRTHPLACE  
OF FATHER  
(State or country)

Baltimore, Md.

12 MAIDEN NAME  
OF MOTHER

Grace Covell

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. John Royston

(Address)

Glyndon, Md.

15 Filed

April 30, 1931

H. M. Gladys  
Registrar

0434

108

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 28<sup>th</sup>, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 7<sup>th</sup>, 1931 to April 28<sup>th</sup>, 1931,

that I last saw her alive on April 27<sup>th</sup>, 1931, and that death occurred on the date stated above, at 8 A.M.. The CAUSE OF DEATH \* was as follows:

Lobar Pneumonia & Pleurisy of the  
right lung

(Duration) yrs. mos. ds.

Contributory Obstruction of lungs and  
Secondary Pneumonia

(Duration) yrs. mos. ds.

(Signed) John H. Drach M. D.

April 28<sup>th</sup>, 1931 (Address) Cockeysville, Md.

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Black Rock Cem.

20 UNDERTAKER

Wm. C. Brooks & Son

DATE OF BURIAL

April 30, 1931

ADDRESS

Sparks, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

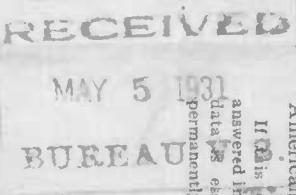
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Housekeeper*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Nanny*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mumps*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## HEALTH DEPARTMENT—CITY OF BALTIMORE

04345

## CERTIFICATE OF DEATH

## 1—PLACE OF DEATH

Baltimore CITY OF BALTIMORE, No Ausdowne ST., WARD

## 2—FULL NAME

## (a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

## REGISTERED NO.

42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced  
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

4/3/31

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)  
(State or country)Ausdowne  
Baltimore

10 NAME OF FATHER

Mehoi Sadler

11 BIRTHPLACE OF FATHER (city or town)  
(State or country)

12 MAIDEN NAME OF MOTHER

Aurie Jacobs

13 BIRTHPLACE OF MOTHER (city or town)  
(State or country)

14

Informant... agnes Sadler  
(Address) Lorraine

15

Filed April 17, 1931 Deathkeeper  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

X 4/3/31

17

I HEREBY CERTIFY. That I attended deceased from 4/3/31, 1931, to 4/3/31, 1931, that I last saw him alive on 1931, 1931, 1931,

and that death occurred, on the date stated above, at . m.

The CAUSE OF DEATH\* was as follows:

The coronary

fellowship (duration) yrs. mos. ds.  
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond Baum, M. D.  
, 19 (Address) 5337 Woodlawn

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

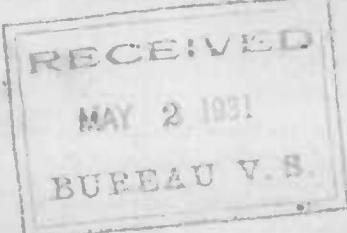
ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc.; Carcinoma, Sarcoma, etc., of . . . (name origin



ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

"Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

Village or City Owings Mills (No.)

## 2 FULL NAME

Anna Jester Schroeder

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Female	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
	White	Married

## 6 DATE OF BIRTH

Sept 19, 1881  
(Month) (Day) (Year)

## 7 AGE

49 yrs. 6 mos. 15 ds. or min.?

IF LESS than  
1 day hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work attendant  
(b) General nature of industry Rosewood State  
business, or establishment in Training School  
which employed or (employer) Owings Mills, Md.

## 9 BIRTHPLACE

(State or country) Maryland

10 NAME OF  
FATHER Samuel Jester

11 BIRTHPLACE  
OF FATHER  
(State or country) Delaware

12 MAIDEN NAME  
OF MOTHER Sallie Shields

13 BIRTHPLACE  
OF MOTHER  
(State or country) Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Institutional Records  
(Address) Rosewood State Training  
School, Owings Mills, Md.

15 Filed April 3, 1931 H. M. Slade  
Registrar

04346

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33

(50)

Rosewood Hall

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

april 3, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
April 19, 1928 to April 3, 1931,  
that I last saw her alive on April 3, 1931,  
and that death occurred on the date stated above, at 12:30 P.m.  
The CAUSE OF DEATH \* was as follows:

Carcinoma (Breast)

(Duration) 3 yrs. - mos. - ds.

Contributory  
Secondary General Carcinomatosis

(Duration) 3 yrs. - mos. - ds.

(Signed) George C. Meadry M. D.  
april 3, 1931 (Address) Owings Mills, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 4 yrs. 10 mos. 2 ds. In the 49 yrs. 6 mos. 15 ds.  
State \_\_\_\_\_

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Queen Anne Co., Md.

## 19 PLACE OF BURIAL OR REMOVAL

Denton, Md. DATE OF BURIAL  
Apr 7, 1931

## 20 UNDERTAKER

J. J. Becker, Jr. ADDRESS  
Towson, Md. Baltimore, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic intestinal nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrony," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis telium*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M

## MARGIN RESERVED FOR BINDING

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04347

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore

Village or City Catonsville

117-a

Registration Dist. No.

30

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

STEPHEN HARRISON SHEPHERD

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Black	Married

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) November 5 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
40	5	12		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Woodbine, Md.  
(State or country)

13. NAME Abraham Shepherd

14. BIRTHPLACE (city or town). Md.  
(State or country)

15. MAIDEN NAME Virginia Dorsey

16. BIRTHPLACE (city or town). Md.  
(State or country)17. INFORMANT Russell Shepherd  
(Address) Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place White Rock Cem. Date April 30, 193119. UNDERTAKER C. M. Waltz  
(Address) Winfield, Md.

20. FILED Apr. 17, 1931 C. L. Mattfeldt

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 17, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14 1931, 19, to Apr. 17 1931, 19.

I last saw him alive on April 17, 1931, 19; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Gastric Ulcers

(Duration) 1 yrs.

Other Contributory Causes of importance:

Perforation

(Duration) 1 ds.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *John Madridge* M. D.  
(Address) *703 Park Lane Apt. 1* Baltimore

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*LFL*



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mumps*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is to be used over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filled.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Lumberman, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhic Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**N.B.**—Every item of information should be carefully supplied. **CERTAIN** should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County

Baltimore

Village or City Baltimore (No.)

## 2 FULL NAME

William L. Smith, 1820 Poffen

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 62

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE Negro

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED

(Write the word)

6 DATE OF BIRTH

Unknown, 1874  
(Month) (Day) (Year)

7 AGE

57

yrs. .... mos. .... da. or ..... min. ?

If LESS than  
1 day.... hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work.(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) 1402 Bonus Court

15

Filed

April 1931

Leigh McKeffer  
Repose

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 1st, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to ... , 192...

that I last saw h..... alive on ... , 192...

and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH was as follows:

Myocardial degeneration

Contributory  
Secondary  
Acute dilatation(Signed) Leigh McKeffer, M.D.  
Leigh McKeffer, M.D.,  
Apr. 1931, Relay, Md.\*State the Disease Causing Death or, in deaths from  
Violent Causes, state (1) Means of Injury; and (2) whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients, or Recent Residents)

At place of death.... yrs. .... mos. .... da.

In the State, .... yrs. .... mos. .... da.

Where was disease contracted,  
if not at place of death?Former or  
usual residence...

19 PLACE OF BURIAL OR REMOVAL

Baltimore

DATE OF BURIAL

19

20 UNDERTAKER

Katzell William

ADDRESS

Ernest Schreider



MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. GAPS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County Baltimore

04351

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 31

Village or City Woodlawn

(No.) Windsor Place & Hutton Ave.

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Philip Souder,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH

May 23. 1886  
(Month) (Day) (Year)

7 AGE

44 yrs. 10 mos. 26d. or min?

IF LESS than  
1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Automobile Mechanic  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Baltimore Md.

10 NAME OF FATHER

Charles S. Souder,

11 BIRTHPLACE OF FATHER  
(State or country)

Baltimore Md.

12 MAIDEN NAME OF MOTHER

Helen Barth.

13 BIRTHPLACE OF MOTHER  
(State or country)

Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Annie K. Souder.

(Address) Woodlawn Md.

15 Filed April 19, 1931 M. M. Buffers  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

APR 19 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 13<sup>th</sup> 1931, to April 19<sup>th</sup> 1931, that I last saw him alive on April 19<sup>th</sup>, 1931, and that death occurred on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH \* was as follows:

Septic Infarcted Pneumonia

(Duration) yrs. mos. 3 days

Contributory Secondary Acute Frontal Sinus  
infection

(Duration) yrs. mos. 6 days

(Signed) George E. Gross M. D.  
(Address) 28 W. 25th St., 192 (Address) 28 W. 25th St.,

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Sundown Park

20 UNDERTAKER

Geo W Little

DATE OF BURIAL APR 22, 1931

ADDRESS 2700

EDMONDSON AVE.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc., Carcinoma, Sarcoma, etc.,* of . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mumps, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may bestated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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JUN 4 1931

BUREAU

MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County, Baltimore

04353

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

164

Village or City Towson (No.)

2 FULL NAME Viola Porter Spear

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Feb. 26 1888  
April 25, 1921  
(Month) (Day) (Year)

7 AGE

43 yrs. 1 mos. 30 ds. or min.  
IF LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Housework  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)New York  
Sanford E. Porter

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 25, 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
192... to, 192...,

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at m.  
The CAUSE OF DEATH was as follows:Suicide (Jumped gas jets in  
closed kitchen)

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Dr. P. Butler (Bones) M.D.

192... (Address) Towson, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of dea h?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Athens, New York

DATE OF BURIAL

April 27, 1921

20 UNDERTAKER

John Burns &amp; Sons

ADDRESS

Towson, Md.

PARENTS

10 NAME OF FATHER  
Sanford E. Porter11 BIRTHPLACE OF FATHER  
(State or country)12 MAIDEN NAME OF MOTHER  
Annie G. Poet13 BIRTHPLACE OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jay P. Spear

(Address) 570 St. Troubridge Road

15 Filed April 25, 1921 At P. Butler  
Reg. Spt. 1921

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds., Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Renovascular wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

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MARGIN RESERVED FOR BINDING  
WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County..... Baltimore Co.

64353

(13)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

42

Village or City Arbutus (No.)

Linden Ave St. Ward)

## 2 FULL NAME

William Henry Steinwedel.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLED,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)

Male.

white

Married

6 DATE OF BIRTH

July 18<sup>th</sup> 1872  
(Month) (Day) (Year)

7 AGE

58 yrs. 9 mos. 4 ds. or min?

If LESS than  
1 day hrs.1 day hrs.  
or min?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

Retired.

## 9 BIRTHPLACE

(State or country)

Baltimore Md.

## 10 NAME OF FATHER

Charles L. Steinwedel

## 11 BIRTHPLACE OF FATHER

(State or country)

Germany.

## 12 MAIDEN NAME OF MOTHER

Catherine Neill

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Germany.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Isabelle A Steinwedel

(Address)

Linden Ave.

15 Filed

April 23 1923 Herschleffer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 22, 1921.

(Month) Apr (Day) 22 (Year) 31

17 I HEREBY CERTIFY, That I attended the deceased from Dec 6 1920 to April 22, 1921.

that I last saw him alive on April 21, 1921.

and that death occurred on the date stated above, at 12:25 a.m. The CAUSE OF DEATH \* was as follows:

Cardiac failure - Acute  
Apoplectic - Two days  
Acute.

(Duration) yrs. mos. ds.

Contributory  
Secondary  
disease - Oct 12 1929.

(Duration) yrs. mos. ds.

(Signed) James W. Nelson M. D.

(Address) 10 Sulphur St Rd

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Linden Park April 29, 1921

## 20 UNDERTAKER

J. P. Whipple 130 Eutaw Place

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Canceroma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 2 1931

BUS

## MARGIN RESERVED FOR BINDING

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Baltimore

Village or City Catonsville (No.) City Home

FULL NAME Mary R. Stevens

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	widow

6 DATE OF BIRTH Och 7 1846  
(Month) (Day) (Year)

7 AGE 84 yrs. If LESS than  
6 mos. 1 day hrs. or min?

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work Housewife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(state or country) Hanover Co Md

10 NAME OF  
FATHER Henry Mullineaux

11 BIRTHPLACE  
OF FATHER  
(State or country) Md

12 MAIDEN NAME  
OF MOTHER Unknown

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Gertrude Kelly

(Address) Long Beach Baltimore

15 Filed 4/8 1925 3 Office of the Registrar

0435+

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3d

186a

(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar 1, 1923 to April 8, 1923, that I last saw her alive on April 7, 1923, and that death occurred on the date stated above, at 2 p.m. The CAUSE OF DEATH \* was as follows:

Now when fractured hip  
Slipped on floor and fell, fracturing hip.  
In bed 4 years. (Duration) 5 yrs. — mos. — ds.

Contributory Secondary Age  
(Duration) Yrs. — mos. — ds.

(Signed) Marshall B. Wink M. D.  
April 8, 1923. (Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death — yrs. — mos. — ds. In the State 85 yrs. — mos. — ds.

Where was disease contracted,  
if not at place of death? Red

Former or usual residence Red

19 PLACE OF BURIAL OR REMOVAL Buried DATE OF BURIAL April 11, 1923

20 UNDERTAKER M. Snyder ADDRESS McAuley

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAY 5 1931

RECEIVED  
BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drugs," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County, Baltimore

Village or City, Catoctinville No. Spring Grove Hospital

2 FULL NAME Lula Stinchcomb

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) widow

6 DATE OF BIRTH Aug. 21, 1880  
(Month) (Day) (Year)

7 AGE 50 yrs. 7 mos. 25 ds. or min.?  
IF LESS than  
1 day ... hrs.  
or ... min?

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work Kousewife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF  
FATHER James Barnes

11 BIRTHPLACE  
OF FATHER  
(State or country) Md

12 MAIDEN NAME  
OF MOTHER Mary Snyder

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Roman

(Address) 2915 Bernard St

15 Filed 4/16 1931 Alfredine Registrar

04350

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 16, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Oct 22, 1922 to Apr 16, 1931,  
that I last saw her alive on Apr 15, 1931,  
and that death occurred on the date stated above, at 630 P.M.  
The CAUSE OF DEATH \* was as follows:

General Paralysis of Insane  
(Duration) 2 yrs. ... mos. ... ds.

Contributory  
Secondary

Cerebral Effusion  
(Duration) 2 yrs. ... mos. ... ds.

(Signed) Roger E. Garrett M. D.  
(Address) Catoctinville Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 7 mos. 15 ds. In the State 50 yrs. 7 mos. 25 ds.

Where was disease contracted, if not at place of death? In Balto.

Former or usual residence 2915 Bernard St Balto.

19 PLACE OF BURIAL OR REMOVAL St. Mary's Cemetery DATE OF BURIAL 4/18, 1931

20 UNDERTAKER John W. Cook

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Teamman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is lost or over thorough and a question answered in detail it will prevent further correspondence. All the data is essential and must be contained before the certificate is permanently filed.

W. G. & R. A. K. H. O. M. Y.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

04356

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 33

(130)

Village or City Livingston Mills (No.)

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Noah M. Stocksdale

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Widower

6 DATE OF BIRTH

May

(Month)

(Day)

(Year) 1866

7 AGE

64 yrs. 11 mos. 4 ds.If LESS than  
1 day.... hrs.  
or.... min.?or.....

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Labourer

9 BIRTHPLACE

(State or country)

Maryland

## PARENTS

10 NAME OF  
FATHERNot known11 BIRTHPLACE  
OF FATHER  
(State or country)Not known12 MAIDEN NAME  
OF MOTHERNot known13 BIRTHPLACE  
OF MOTHER  
(State or Country)Not known

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ernest Stocksdale

(Address)

Westminster, Md.

15 Filed

April 6, 1931H. M. Slade  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 5

, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
March 31 1931 to April 5, 1931,  
that I last saw him alive on Apr. 4, 1931,  
and that death occurred on the date stated above, at 3 P m.  
The CAUSE OF DEATH \* was as follows:Acute Delirium & HeartInfluenza

(Duration) yrs. mos. ds.

Rephusion & Myocarditis

(Duration) yrs. mos. ds.

(Signed) J. W. Pauline M. D.  
Apr. 6 1931 (Address) Glyndon\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death yrs. mos. ds.In the  
State yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Sandyville, Md.

## DATE OF BURIAL

Apr. 7, 1931

## 20 UNDERTAKER

J. A. Shavers & Son

## ADDRESS

WestminsterMd.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houselabor*, *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the primary disease (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, *e. g., fracture of skull, and consequences (e. g., sepsis, tetanus)* may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1931

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

Village or City Rosedale (No.)

04357

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 43

Summitt Ave.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME CHARLES STROHMAN

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Unknown

## 6 DATE OF BIRTH

Unknown (Month) (Day) (Year)

## 7 AGE

68 yrs. mos. ds. or min.)

IF LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Farm Work  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Germany

## 10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER  
(State or country)

Unknown

## 12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER  
(State or Country)

Unknown

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Langenfelder

(Address) Raspeburg, Md.

## 15 Filed

4/30 1931 G. A. Fasty M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 29th, 1931

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...

that I last saw h alive on , 192...,

and that death occurred on the date stated above, at . m.

The CAUSE OF DEATH \* was as follows:

Valvular Heart Disease

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Ed. J. Dernheran 1931 (Address) Ettemers Run Rd.

\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Zion Lutheran Cemetery April 30, 1931

## 20 UNDERTAKER

Frederick Langenfelder ADDRESS 401 Belair Rd.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g.: *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Dyspnoea" ("Congenital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1931

BUREAU U. S.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County.

Baltimore

04358

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

37

Village or City

Glencoe (No.)

(106-a)

## 2 FULL NAME

Upton H. Tarbut

St.: \_\_\_\_\_ Ward: \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

widowed

6 DATE OF BIRTH

Nov 27, 1851  
(Month) (Day) (Year)

7 AGE

79 yrs. 4 mos. 22 ds. If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Retired Farmer

9 BIRTHPLACE

(State or country)

Md

10 NAME OF  
FATHER

John A. Tarbut

PARENTS

11 BIRTHPLACE  
OF FATHER

(State or country)

Pa

12 MAIDEN NAME  
OF MOTHER

Unknown

13 BIRTHPLACE  
OF MOTHER

(State or Country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John Tarbut  
Glencoe Md

(Address)

15 Filed

April 18 1931 B. B. Bumf  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 18, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

April 30 to April 18, 1931,  
that I last saw him alive on April 17, 1931,

and that death occurred on the date stated above, at 8:54 a.m.

The CAUSE OF DEATH \* was as follows:

Arterio Sclerosis  
acute Bronchitis

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed)

B. B. Bumf (Address) M. D.  
April 18, 1931\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

Cinnaminson Cemetery  
April 19, 1931

20 UNDERTAKER

Wm C. Brooks  
Sprague

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Pioneer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinning, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worker<sup>1</sup> on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhicid Pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia,"

JUN 5 1931

BUREAU

U.S. BUREAU OF THE CENSUS  
American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECOMMENDATIONS ON STATEMENT OF CAUSE OF DEATH APPROVED BY COMMITTEE ON NOMENCLATURE OF THE AMERICAN MEDICAL ASSOCIATION.)

## STATE OF MARYLAND—CERTIFICATE OF DEATH

04359

## 1. PLACE OF DEATH

County BaltimoreVillage or City Catoctinville Springs State Maryland Registration Dist. No. 30  
If death occurred in a hospital or institution, give its NAME instead of street and number.Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Lucille D. Thompson(a) Residence: No. Nelson Ave

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Single

1880

6. DATE OF BIRTH (month, day, year)

July 2, 1875

1875

Years Months Days

If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Housekeeper9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)

new York State

Williamsburg, Thompson

13. NAME

Mary Elizabeth Thompson

Mary Elizabeth

Mary Elizabeth

Mary Elizabeth

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Mary Worthington

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

G. W. Thompson

20 (Address)

New York Syracuse N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 18, 1931

19. UNDERTAKER

Baltimore Sons

(Address)

Ellicott City Md.

20. FILED

4/17/31, Baltimore

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

(Month)

16, 1931

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

Apr 15, 1931, to Apr 16, 1931

I last saw her alive on Apr 15, 1931; death is said to have occurred on the date stated above, at 6 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Ch. Valvular Heart Disease

Arteriosclerosis

Other Contributory Causes of importance:

Manic Depressive Psychosis

Today

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Roger E. Garrett M.D.

(Address) Catoctinville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

MAY S U R E A U V S .	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.--Every item of information should be carefully supplied. ACE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PRINT WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County Baltimore

Village or City

Baltimore Spring Grove Hospital

## 2 FULL NAME

Regina Von Balzer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Female

White

married

6 DATE OF BIRTH

Janu 10, 1848

(Month)

(Day)

(Year)

7 AGE

83 yrs. 3 mos. 8 ds. or min?

If LESS than  
1 day ... hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Housewife

9 BIRTHPLACE

(State or country)

Germany

10 NAME OF  
FATHER

Henry Schroeder

11 BIRTHPLACE  
OF FATHER

(State or country)

Germany

12 MAIDEN NAME  
OF MOTHER

Anna Holdt

13 BIRTHPLACE  
OF MOTHER

(State or country)

Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hospital Record

(Address)

15 Filed

4/20 1924

A. C. Anderson

Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. Inv. No. 1.

114360

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

30

(131)

(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 18<sup>th</sup>, 1924

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
July 1<sup>st</sup> 1899 to Apr 18<sup>th</sup>, 1924  
that I last saw her alive on Apr 17<sup>th</sup>, 1924  
and that death occurred on the date stated above, at Baltimore, Md.  
The CAUSE OF DEATH \* was as follows:

Cerebral Embolism

(Duration) 3 mos. ... ds.

Contributory  
Secondary Ch. Inter. Nephritis

(Duration) 5 yrs. ... mos. ... ds.

(Signed) Robt. E. Garrett M. D.  
(Address) Apr 19 1924 Baltimore, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place 34 yrs. 11 mos. 14 ds.

In the State 75 yrs. ... mos. ... ds.

Where was disease contracted  
if not at place of death?

Former or  
usual residence at place of death

19 PLACE OF BURIAL OR REMOVAL

Springfield Mortuary 4/20, 1924

20 UNDERTAKER

Springfield Mortuary Baltimore, Md.

ADDRESS

2nd

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term enough, the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill;* (a) *Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County Balto. Co.

Village or City Woodlawn (No.)

## 2 FULL NAME

Richard E. Watson

04561

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

married

6 DATE OF BIRTH

July 27<sup>th</sup>, 1856  
(Month) (Day) (Year)

7 AGE

74 yrs. 8 mos. 5 ds. or min. (LESS than  
1 day....hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

blacksmith  
(retired)

9 BIRTHPLACE  
(State or country)

Maryland

10 NAME OF  
FATHER

Thomas Edward Watson

11 BIRTHPLACE  
OF FATHER  
(State or country)

Maryland

12 MAIDEN NAME  
OF MOTHER

Susanna Rawlings

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eisma V. Watson

(Address)

Woodlawn, Md.

15

Filed

April 3, 1931

Dr. D. D. Bupper

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 1st, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Sept. 21, 1929 to April 1st, 1931.  
that I last saw him alive on April 1st, 1931.  
and that death occurred on the date stated above, at 8:00 p.m.

The CAUSE OF DEATH \* was as follows:

Cerebral hemorrhage

(Duration) ... yrs. ... mos. ... ds.

Contributory  
Secondary

(Duration) ... yrs. ... mos. ... ds.

(Signed) George A. Kimpel M. D.  
(Date) April 1, 1931 (Address) 303 Edmondson Ave.

\*State the Disease Causing Death, or, in deaths from  
Violent Cause, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death ... yrs. ... mos. ... ds.

In the  
State ... yrs. ... mos. ... ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence Woodlawn, Md.

19 PLACE OF BURIAL OR REMOVAL

Bedard Hill Crem. April 4, 1931

20 UNDERTAKER

F. Vernon Keehner Hollins

DATE OF BURIAL

ADDRESS 163 Hollins

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative health, fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pitauler*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know *(a)* the kind of work and also *(b)* the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Traveler*; (a) *Foreman*, (b) *Automobile factory*. The material world may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Furn Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Hous-wife*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH, the primary affection with respect to time and causation, usually always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite symptom is "epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia*; "Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc. of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Mesles*; *Whooping cough*, *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify: *II diseases resulting from childhood or miscarriage as Puerperal septicæmia*, "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of injury, as fracture of skull and consequences (e. g., *seizis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. No data is essential and must be obviated before the certificate is permanently filed.

APR 29 1931  
U. S. DEPT. OF COMMERCE  
BUREAU OF THE CENSUS

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County BaltimoreVillage or City Catonsville (No. Spring Grove Hospital) Ward 302 FULL NAME William WatsonSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 30

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

Male white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

Apr 10<sup>th</sup>, 1866  
(Month) (Day) (Year)

7 AGE

65 yrs. 0 mos. 5 ds. If LESS than  
1 day hrs.  
or min?

8 OCCUPATION

- (a) Trade, profession or particular kind of work Painter
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)Maryland

10 NAME OF FATHER

Wm H Watson11 BIRTHPLACE OF FATHER  
(State or country)Md

12 MAIDEN NAME OF MOTHER

Margaret Smith13 BIRTHPLACE OF MOTHER  
(State or Country)Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Bob Watson (Bro)(Address) 15 N. Linwood Ave

15 Filed

4/15/31

T

H. Landau & Son

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 15<sup>th</sup>, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 19, 1931 to Apr 15<sup>th</sup>, 1931, that I last saw him alive on Apr 14, 1931, and that death occurred on the date stated above, at 6:30 A.M.. The CAUSE OF DEATH \* was as follows:

Ch. Infec. Nephritis

(Duration) yrs. 2 mos. ds.

Contributory Secondary

Arterio-Sclerosis

(Duration) yrs. 2 mos. ds.

(Signed) Bob O'Garrett M. D.  
(Apr 16<sup>th</sup>, 1931) (Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. 1 mos. 24 ds. In the State yrs. 65 0 mos. 5 ds.

Where was disease contracted if not at place of death? In BaltimoreFormer or usual residence 15 N. Linwood Ave Baltimore

19 PLACE OF BURIAL OR REMOVAL

Balto Cemetery DATE OF BURIAL 4/17/31

20 UNDERTAKER

H. Landau & Son ADDRESS 1710 Fleet St

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doy laborer*, *Farm laborer*, *Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH  
County.....  
*Baltimore Co.*

Village or City.....  
*Sparrows Pt. Md.*

2 FULL NAME.....  
*Stillborn*

64363

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *44*

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
*Watson*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

*m*

4 COLOR OR RACE

*colous*5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

*4/23/01*  
(Month) (Day) (Year)

7 AGE

*Stillborn* mos. ds. or min?

If LESS than

1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....  
 (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE  
(State or country)*Md.*

10 NAME OF FATHER

*Charlie Watson*11 BIRTHPLACE OF FATHER  
(State or country)*D.L.*

12 MAIDEN NAME OF MOTHER

*Sarah Anderson*13 BIRTHPLACE OF MOTHER  
(State or Country)*D.L.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

*Charlie Anderson*

(Address)

*820 J St.*15 Filed *Apr. 23*1923 *G. L. McComas M.D.*

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*Stillborn 23 1923*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
192... to... *4/23/31*that I last saw h ..... alive on *4/23/31*

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

*Stillborn*

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed)

*J. H. Thomas* M. D.  
1923 (Address) *1012 1/2 St. S. W.*\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

*Asbury Cemetery*

DATE OF BURIAL

*4/24/1923*

20 UNDERTAKER

*S. H. Chase & Son*

ADDRESS

*638 N. Belvoir St.*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs*, *meningitis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

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1 PLACE OF DEATH County Balt. County Ruxton Md		04364 94-2	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <u>Dunlap</u> (No.)		Registration Dist. No. <u>3</u>		
2 FULL NAME <u>William Pinkney Whyley</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SHOT, MARRIED, WIDOWED OR DIVORCED (Write the word)	<u>Married</u>	
6 DATE OF BIRTH <u>May 5<sup>th</sup></u>		<u>1873</u>	(Month)	(Day)
7 AGE <u>57 yrs. 11 mos. 15 ds.</u>		If LESS than 1 day hrs. or min.?		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		<u>Lawyer</u>		
9 BIRTHPLACE (State or country) <u>Balt. House Annapolis, Md.</u>				
10 NAME OF FATHER <u>William Hollingsworth Whyley</u>				
11 BIRTHPLACE OF FATHER (State or country) <u>Baltimore, Md</u>				
12 MAIDEN NAME OF MOTHER <u>Mary Gibbons Tilghman</u>				
13 BIRTHPLACE OF MOTHER (State or Country) <u>Baltimore Md</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sara Boon Middledorf</u> (Address) <u>Ridewood Md</u>				
15 Filed <u>April 20 1931</u>		At Registrar	20 UNDERTAKEN <u>Henry Pinkney</u>	DATE OF BURIAL <u>April 22 1931</u>

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balt., requesting

MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH <u>April 20<sup>th</sup>, 1931</u>				
(Month) (Day) (Year)				
17 I HEREBY CERTIFY, That I attended the deceased from <u>June 1905</u> to <u>April 20<sup>th</sup>, 1931</u> , that I last saw him alive on <u>April 20<sup>th</sup>, 1931</u> , and that death occurred on the date stated above, at <u>1:30 P.M.</u> . The CAUSE OF DEATH * was as follows:				
<u>Coronary Occlusion. Angina Pectoris.</u>				
(Duration) <u>21</u> yrs. <u>21</u> mos. <u>21</u> da.				
Contributory Secondary (Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> da.				
(Signed) <u>J. M. Whyley</u> M. D. <u>April 20<sup>th</sup>, 1931</u> (Address) <u>Ruxton Md</u>				
* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death <u>0</u> yrs. <u>0</u> mos. <u>0</u> da. In the State <u>0</u> yrs. <u>0</u> mos. <u>0</u> da.				
Where was disease contracted, if not at place of death?				
Former or usual residence				
19 PLACE OF BURIAL OR REMOVAL <u>Green Mt Cem.</u> DATE OF BURIAL <u>April 22, 1931</u>				
20 ADDRESS <u>McCulloch Orchards</u>				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Cooking*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1931

PC

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore

04365

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3dVillage or City CatonsvilleSt. Spring Grove Hospital Ward 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

George W. Wildberger

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male white

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

married

6 DATE OF BIRTH

Oct 24, 1867

(Month)

(Dy)

(Year)

7 AGE

63 yrs. 6 mos. 16 ds. If LESS than

1 day hrs.

or min.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

Teamster

## 9 BIRTHPLACE

(State or country)

Maryland

## 10 NAME OF FATHER

Geo. J. Wildberger

## 11 BIRTHPLACE OF FATHER

(State or country)

Md

## 12 MAIDEN NAME OF MOTHER

Ama E. Hermann

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Washington DC

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Wildberger(Address) 1415 E Lafayette Dr

## 15 Filed

4/9 1923

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 9<sup>th</sup>, 1923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Sept 26, 1928, to April 9, 1923,

that I last saw him alive on April 8<sup>th</sup>, 1923,

and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH \* was as follows:

Lobar Pneumonia(Duration) 1 yr. 4 mo. 4 days

Contributory Secondary

Arterio-Sclerosis(Duration) 1 yr. 4 months 4 days(Signed) Robert E. Garrett M.D.abng 1923 (Address) Catonsville Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 2 yrs. 6 mos. 12 ds.In the State 63 yrs. 5 mos. 6 ds.

Where was disease contracted if not at place of death?

Former or usual residence Balto. Md

## 19 PLACE OF BURIAL OR REMOVAL

Western CemeteryDATE OF BURIAL 4/11, 1923

## 20 UNDERTAKER

Walker CookADDRESS 1217 St Paul St

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *spasms, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

~~N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.~~

1 PLACE OF DEATH  
County Balto.

Village or City Long green. (No.)

2 FULL NAME Albert Winder.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M4 COLOR OR RACE col5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married

6 DATE OF BIRTH

Jan / , 1863  
(Month) (Day) (Year)

7 AGE

68 yrs. 3 mos. 20 ds. If LESS than  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) ✓

9 BIRTHPLACE  
(State or country)

Balto Co.

10 NAME OF  
FATHER

Henry Winder

11 BIRTHPLACE  
OF FATHER

Balto Co Mer  
(State or country)

12 MAIDEN NAME  
OF MOTHER

Phoebe Ayers

13 BIRTHPLACE  
OF MOTHER

Balto Co Mer  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Heidi Winder

(Address) Stevens Ave Mer

15 Filed

April 21 1931 H. P. Bunter  
Registrar

64366

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3

(131)

St: \_\_\_\_\_ Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 20, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
March 10 1931 to April 20, 1931,  
that I last saw him alive on April 18, 1931,  
and that death occurred on the date stated above, at 1 pm.  
The CAUSE OF DEATH \* was as follows:

Appendix

(Duration) yrs. mos. ds.

Contributory  
Secondary

Chronic hypertension

(Duration) yrs. mos. 1 ds.

(Signed) Charles B. Bunker M. D.  
Apr 21 1931 (Address) Kingwood Ave

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Alt. Zion

DATE OF BURIAL

April 23, 1931

20 UNDERTAKER

J. L. Heathman

ADDRESS

Belvoir Ave

1930  
57  
88 - 1913

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*Laborer*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “*Epidemic cerebro-spinal meningitis*”); *Diphtheria* (avoid use of “*Croup*”); *Typhoid fever* (never report “*Typhoid Pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*,”

RECEIVED

MAY	1931
BUREAU	

as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of “*contributory*.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); “*Cancer*” is less definite; avoid use of “*Tumor*” for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anaemia*” (merely symptomatic), “*Atrophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsey*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marsismus*,” “*Old Age*,” “*Shock*,” “*Uraemia*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*PUERPERAL septicæmia*,” “*PUERPERAL peritonitis*,” etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of “*contributory*.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## HEALTH DEPARTMENT—CITY OF BALTIMORE

64367

## CERTIFICATE OF DEATH. (108)

## 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Penoy Ave Towson Rd ST. WARD)

2-FULL NAME Benjamin Winfield

(a) RESIDENCE NO. 314 Penoy Ave Towson Rd ST. WARD  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE 6	5 Single, Married, Widowed, or Divorced, (write the word) Married
---------	-------------------	--

5a If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Rebecca Winfield

6 DATE OF BIRTH (month, day, and year) 1865 10/12/1

7 AGE 65	Years	Months 6	Days 13	If LESS than 1 day,.....hrs. or.....min.
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## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of Industry, business, or establishment in which employed (or employer)

(e) Name of employer

9 BIRTHPLACE (city or town) Townsville  
(State or country) N.C.

10 NAME OF FATHER Henderson Winfield

11 BIRTHPLACE OF FATHER (city or town) N.C.  
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Lewis

13 BIRTHPLACE OF MOTHER (city or town) N.C.  
(State or country)14 Informant Dennis L. Blake  
(Address) 314 Penoy Ave Towson Rd15 Filed April 26, 1931 H. P. Butte  
Registrar

## REGISTERED No. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24, 1931

17

I HEREBY CERTIFY. That I attended deceased from Apr. 20, 1931, to Apr. 24, 1931  
that I last saw him alive on Apr. 24, 1931

and that death occurred, on the date stated above, at 12 N.C.

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Charles M. D.

19 (Address) 2829 Bluefield

\*State the Disease Causing Death, or in deaths from Violent Causes  
state (1) Means and Nature of Injury, and (2) whether Accidental,  
Suicidal or Homicidal. (See reverse side for additional space.)20 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Valley 4/27 1931  
DATE OF BURIAL20 UNDERTAKER McElroy  
ADDRESS 1215

REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assoc.]

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**Statement of Cause of Death.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia") *Lobar pneumonia*; *Broncho-pneumonia* ("pneumonia," unqualified, is

indefinite); *Tuberculosis* of the lungs, meningitis, peritonitis, etc.; *trachoma*, *Sarcoma*, etc., of . . . . (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant neoplasms); *Measles*; *Whooping cough*, *chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Drop-sy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN

RECEIVED	MAY. 7 1931
BUREAU V.S.	

## MARGIN RESERVED FOR BINDING

M  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**1 PLACE OF DEATH** County Baltimore 64368  
 Village or City Catonsville (No. 100) Street Spring Grove Hospital Ward 30

**2 FULL NAME** Adam Wise

**3 SEX** Male **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** married  
 (Write the word)

**6 DATE OF BIRTH** Nov. 2, 1889  
 (Month) (Day) (Year)

**7 AGE** 71 yrs. 5 mos. ds. or min? If LESS than 1 day hrs.

**8 OCCUPATION**  
 (a) Trade, profession or particular kind of work R.R. Conductor  
 (b) General nature of industry business, or establishment in which employed or (employer) 530

**9 BIRTHPLACE** (State or country) Pennsylvania

**10 NAME OF FATHER** Mathias Wise

**11 BIRTHPLACE OF FATHER** (State or country) Germany

**12 MAIDEN NAME OF MOTHER** Eva Noll

**13 BIRTHPLACE OF MOTHER** (State or Country) Germany

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) Mrs Georgia Wise  
 (Address) 1225 N Broadway

**15 Filed** 4/3 **1931** **Planned** **Deputy Registrar**

**16 DATE OF DEATH** Apr. 2, 1931  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended the deceased from May 9, 1929 to Apr 2, 1931, that I last saw him alive on Apr 1, 1931, and that death occurred on the date stated above, at 7:45 P.M.  
 The CAUSE OF DEATH \* was as follows:

Chr. Myocarditis  
 (Duration) 1 yrs. mos. ds.  
 Contributory Secondary Atherosclerosis  
 (Duration) 1 yrs. mos. ds.  
 (Signed) Dr. E. Garrett M.D.  
 Apr. 3, 1931 (Address) Baltimore Md

\* State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death 1 yrs. 10 mos. 26 ds. In the State 35 yrs. mos. ds.  
 Where was disease contracted, if not at place of death? Exploratory of death  
 Former or usual residence 1225 N Broadway Balt.

**19 PLACE OF BURIAL OR REMOVAL** Greenwood Cem **DATE OF BURIAL** 4/6, 1931

**20 UNDERTAKER** J. M. Cook **ADDRESS**

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.* *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Dekility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

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1 PLACE OF DEATH  
County Baltimore

Village or City Parkton (No.)

2 FULL NAME Catherine B. Wisner

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

July 26, 1924  
(Month) (Dsy) (Year)

7 AGE

6 yrs. 8 mos. 11 ds. If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Schoolgirl

9 BIRTHPLACE

(State or country)

Maryland

10 NAME OF

FATHER

William H. Wisner

11 BIRTHPLACE

OF FATHER

(State or country)

Maryland

12 MAIDEN NAME

OF MOTHER

Elizabeth F. Hedrick

13 BIRTHPLACE

OF MOTHER

(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm. H. Wisner

(Address)

Parkton Md

15 Filed

April 7 1931

Eugene F. Albau  
Dept. Soc. Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 34

64369  
42

St. \_\_\_\_\_ Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 7

1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Apr. 6, 1931 to Apr. 7, 1931.

that I last saw her alive on Apr. 7, 1931,  
and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH \* was as follows:

Ascaris Lumbricoides  
(Round Worms)

Contributory  
Secondary

(Duration) — yrs. — mos. — ds.

(Signed) Eugene M. Brush M. D.  
(Address) Hampstead Md

(Duration) — yrs. — mos. — ds.

(Address) Hampstead Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Foreston Md

DATE OF BURIAL

April 9, 1931

20 UNDERTAKER

Edw. Tipton

ADDRESS

Hampstead  
Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coil mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Musles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as *PUERPERAL septicemia*, "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

RECEIVED

MAY 4 1931

BUREAU

answ<sup>ed</sup> in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of Certificate.

## PLACE OF DEATH

County BaltimoreVillage or City Garrison Point(No. 712 E

(14370)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. H 4St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Elizabeth Woodhead

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

W.5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDMARRIED  
(Write the word)

6 DATE OF BIRTH

Dec 22 1868

(Month)

(Day)

(Year)

7 AGE

62 3 18

yrs.

mos.

ds.

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)England10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Zeta James Woodhead(Informant)  
(Address) 712 E street

15

File Apr. 10<sup>th</sup> 1931 G. McCormick M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4/19

, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
April 6<sup>th</sup> 1931 to April 9<sup>th</sup> 1931,that I last saw her alive on April 9<sup>th</sup> 1931,and that death occurred on the date stated above, at 6<sup>15</sup> P.m.  
The CAUSE OF DEATH \* was as follows:Tonsillitis

(Duration) yrs. mos. ds.

Contributory  
SecondaryFacial Paroxysms

(Duration) yrs. mos. ds.

(Signed) Frank G. Adriel M. D.  
April 10<sup>th</sup> 1931 (Address) Baltimore, Md.\* State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Park Wood

DATE OF BURIAL

April 11, 1931

20 UNDERTAKER

John F. Denny

ADDRESS

715 Light St

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marsasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is lost, never thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County BaltimoreVillage or City Pikesville (No. 8)

64371

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 32Village or City Pikesville (No. 8)Waldron ave.

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Ella Yost

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Female whitewidow

6 DATE OF BIRTH

March 24, 1868  
(Month) (Day) (Year)

7 AGE

66 yrs. - mos. 11 ds. or min?

If LESS than

1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....at home  
 (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE

(State or country)

Ridgeville Ind

PARENTS

10 NAME OF FATHER

George S. Hanna

11 BIRTHPLACE OF FATHER

New Market

(State or country)

Frederick Co. Md

12 MAIDEN NAME OF MOTHER

Mary Louise Eugenbeel

13 BIRTHPLACE OF MOTHER

Lemontown

(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Edith H. Yost(Address) 8 Waldron ave Pikesville15 Filed April 7 1921E. E. Nichols

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 4<sup>th</sup>

, 1921

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

for many years, 1921, that I last saw her alive on April 4, 1921, and that death occurred on the date stated above, at 1:10 P.m.. The CAUSE OF DEATH \* was as follows:Broads of pneumonia

(Duration) yrs. mos. ds.

Contributory  
SecondaryArterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) J. P. O. Hyde M. D.(Address) Residence M. D.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Dundridge Cemetery

DATE OF BURIAL

April 7, 1921

20 UNDERTAKER

Chas. G. Black 742 W. North Ave.

ADDRESS

Md.

# REVISED UNITED STATES STANDARD

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*Typhoid fever* (never report "Typhoid Pneumonia");

*Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bro. pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemic*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital"), "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Masasmus*," "*Old Age*," "*Shock*," "*Traetia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanctasis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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